

# FY 2022 BUDGET SUBMISSION



*“To care for him who shall have borne the battle,  
and for his widow, and his orphan....”*

Supplemental Information  
& Appendices

Volume 1 of 4

May 2021

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**Department of Veterans Affairs**  
**Volume I**  
**Supplemental Information and Appendices**

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## *Supplemental Information*

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### **Part 1**

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## *Appropriations by Account*

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### Overview

This chapter includes five budget tables displaying enacted and requested appropriations for the Department of Veterans Affairs (VA) for 2020, 2021, and 2022. The tables are listed below in the order they appear in the chapter.

- 2020-2022, Regular Appropriations, Collections, and DoD transfers
- 2020 COVID-19 Supplemental Appropriations
  - Families First Coronavirus Response Act, P.L. 116-127
  - Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136
- 2021 COVID-19 Supplemental Appropriations
  - American Rescue Plan Act of 2021, P.L. 117-2
  - 2022 American Jobs Plan and American Families Plan
- 2020-2022, Combined Appropriations, Collections, and DoD Transfers
  - All enacted and requested appropriations,
  - Resources estimated to be available in the Recurring Expenses Transformation Fund<sup>1</sup>

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<sup>1</sup> The Consolidated Appropriations Act, 2017 (P.L. 114-113) created the VA Recurring Expenses Transformational Fund, which allows VA to sweep expired funds in any of its accounts at the end of FY 2021 and reallocate them to specific programs for use beginning in FY 2022.

## Regular Appropriations, Collections, and DoD Transfers

The following table captures advance and annual appropriations without any supplemental appropriations. It reflects rescissions, but does not reflect appropriation transfers among VA accounts. The only collections included are from the Medical Care Collections Fund (MCCF) and the only appropriation transfers are from the Department of Defense (DoD) to the two joint health care accounts (DoD-VA Health Care Sharing Incentive Fund and Joint DoD-VA Medical Facility Demonstration Fund).

(\$s in thousands)	2020 Enacted	2021 Enacted	2022 Request (base only)	Change 2022 (total) vs 2021	
				\$	%
<b>Discretionary Appropriations 1/</b>					
Medical Services	51,061,165	56,555,483	58,897,219	2,341,736	4.1%
Medical Community Care	15,279,799	18,511,979	23,417,244	4,905,265	26.5%
Medical Support and Compliance	7,327,956	8,199,191	8,403,117	203,926	2.5%
Medical Facilities	6,141,880	6,583,265	6,734,680	151,415	2.3%
<b>Subtotal, Medical Care Appropriations</b>	<b>79,810,800</b>	<b>89,849,918</b>	<b>97,452,260</b>	<b>7,602,342</b>	<b>8.5%</b>
Medical Care Collections Fund	3,429,116	2,965,445	4,084,952	1,119,507	37.8%
<b>Subtotal, Medical Care with MCCF</b>	<b>83,239,916</b>	<b>92,815,363</b>	<b>101,537,212</b>	<b>8,721,849</b>	<b>9.4%</b>
Medical and Prosthetic Research	750,000	795,000	882,000	87,000	10.9%
Grants for Construction of State Extended Care Facilities	90,000	90,000	-	(90,000)	-
<b>Subtotal, Veterans Health Administration without MCCF</b>	<b>80,650,800</b>	<b>90,734,918</b>	<b>98,334,260</b>	<b>7,599,342</b>	<b>8.4%</b>
<b>Subtotal, Veterans Health Administration with MCCF</b>	<b>84,079,916</b>	<b>93,700,363</b>	<b>102,419,212</b>	<b>8,718,849</b>	<b>9.3%</b>
Electronic Health Care Record Modernization	1,430,000	2,607,000	2,663,000	56,000	2.1%
Information Technology Systems	4,371,615	4,874,500	4,842,800	(31,700)	-0.7%
Board of Veterans' Appeals	174,000	196,000	228,000	32,000	16.3%
General Operating Expenses, Veterans Benefits Administration	3,125,000	3,164,000	3,423,000	259,000	8.2%
Vocational Rehabilitation Direct Loan Admin and Subsidy	460	458	432	(26)	-5.6%
Native American Direct Loan Admin	1,186	1,186	1,186	-	0.0%
Veterans Housing Benefits Admin	200,377	204,400	229,500	25,100	12.3%
Subtotal, Loan Administration Funds	202,023	206,044	231,118	25,074	12.2%
<b>Subtotal, Veterans Benefits Administration</b>	<b>3,327,023</b>	<b>3,370,044</b>	<b>3,654,118</b>	<b>284,074</b>	<b>8.4%</b>
National Cemetery Administration	329,000	352,000	394,000	42,000	11.9%
Grants for Construction of Veterans Cemeteries	45,000	45,000	45,000	-	0.0%
<b>Subtotal, National Cemetery Administration</b>	<b>374,000</b>	<b>397,000</b>	<b>439,000</b>	<b>42,000</b>	<b>10.6%</b>
General Administration	355,911	353,911	401,200	47,289	13.4%
Construction, Major Projects	1,235,200	1,316,000	1,611,000	295,000	22.4%
Construction, Minor Projects	398,800	354,300	553,000	198,700	56.1%
<b>Subtotal, Construction</b>	<b>1,634,000</b>	<b>1,670,300</b>	<b>2,164,000</b>	<b>493,700</b>	<b>29.6%</b>
Office of Inspector General	210,000	228,000	239,000	11,000	4.8%
Asset and Infrastructure Review (AIR) Commission	-	-	5,000	5,000	-
Choice transfer to Community Care 2020	(615,000)	-	-	-	-
DoD Transfers to Joint Accounts	126,000	152,000	152,000	-	0.0%
<b>Subtotal, Discretionary without MCCF</b>	<b>92,038,349</b>	<b>104,583,673</b>	<b>113,122,378</b>	<b>8,538,705</b>	<b>8.2%</b>
<b>Subtotal, Discretionary Funding (with MCCF)</b>	<b>95,467,465</b>	<b>107,549,118</b>	<b>117,207,330</b>	<b>9,658,212</b>	<b>9.0%</b>
Transformational Fund (TF) 2/	-	-	820,000	820,000	-
<b>Total Discretionary Funding (with MCCF)</b>	<b>95,467,465</b>	<b>107,549,118</b>	<b>118,027,330</b>	<b>10,478,212</b>	<b>9.7%</b>

## Regular Appropriations, Collections, and DoD Transfers

(\$s in thousands)	2020	2021	2022	Change 2022 (total) vs 2021	
	Enacted	Enacted	Request (base only)	\$	%
Mandatory Appropriations 3/					
Compensation and Pensions	110,457,083	124,357,227	137,575,487	13,218,260	10.6%
Veterans Insurance and Indemnities	128,960	131,372	136,950	5,578	4.2%
Readjustment Benefits	14,065,282	12,578,965	14,946,618	2,367,653	18.8%
Voc Rehab Mandatory Upward Reestimates	40	21	0	-21	-
Veterans Housing Benefit Program Fund	-	0	0	-	-
Veterans Housing Mandatory Upward Reestimates	70,747	667,034	0	-667,034	-
Veterans Housing Mandatory Subsidy	4,532	0	0	-	-
Native American Veterans Housing Mandatory Upward Reestimates	1,149	1,202	0	-1,202	-
Housing Liquidating Account	(7,024)	-6,121	-4,767	1,354	-22.1%
Subtotal, Mandatory	124,720,769	137,729,700	152,654,288	14,924,588	10.8%
Total Funding					
Total VA (Disc & Mand) without MCCF	216,759,118	242,313,373	265,776,666	23,463,293	9.7%
Total VA (Disc & Mand) with MCCF	220,188,234	245,278,818	269,861,618	24,582,800	10.0%
Total VA (Disc & Mand) (with MCCF and TF)	220,188,234	245,278,818	270,681,618	25,402,800	10.4%

1/ Discretionary Appropriations includes only non-emergency discretionary appropriations provided in annual Appropriations Acts. Excludes CARES Act (P.L. 116-136) and Families First Coronavirus Response Act (P.L. 116-127).

2/ Estimated resources available in Recurring Expenses Transformational Fund (Transformational Fund) at the start of 2022. These resources do not score as budget authority in 2022.

3/ Mandatory Appropriations includes only mandatory appropriations provided in annual Appropriations Acts. Excludes the American Rescue Plan Act of 2021 (P.L. 117-2) and funding requested in 2022 for the American Jobs Plan and the American Families Plan.

## 2020 COVID-19 Supplemental Appropriations

This table show appropriations provided in the CARES Act (P.L. 116-136) and the Families First Coronavirus Response Act (P.L. 116-127). It also shows unobligated balance and appropriations transfers approved by Congress, and anticipated transfers, and the resulting reallocation of funding at the account level.

(\$s in thousands)	Appropriations*	Unobligated Balance Transfers	Appropriations Transfers	Reallocated Appropriations
Medical Services	14,462.000	(3,575.000)	(786.000)	10,101.000
Medical Community Care	2,130.000	3,400.000	100.000	5,630.000
Medical Support and Compliance	100.000	75.000	150.000	325.000
Medical Facilities	606.000	100.000	-	706.000
<b>Subtotal Medical Care Appropriations</b>	<b>17,298.000</b>	<b>-</b>	<b>(536.000)</b>	<b>16,762.000</b>
Grants for Construction of State Extended Care Facilities	150.000	-	-	150.000
Canteen Service Revolving Fund	-	-	140.000	140.000
<b>Subtotal Veterans Health Administration</b>	<b>17,448.000</b>	<b>-</b>	<b>(396.000)</b>	<b>17,052.000</b>
Information Technology Systems	2,150.000	-	45.000	2,195.000
General Operating Expenses, Veterans Benefits Administration	13.000	-	338.000	351.000
Board of Veterans' Appeals	-	-	1.000	1.000
National Cemetery Administration	-	-	12.000	12.000
General Administration	6.000	-	-	6.000
Office of Inspector General	12.500	-	-	12.500
<b>Total Department of Veterans Affairs</b>	<b>19,629.500</b>	<b>-</b>	<b>-</b>	<b>19,629.500</b>

\* \$60 million in the Families First Coronavirus Response Act (P.L. 116-127) and \$19.57 billion in the CARES Act (P.L. 116-136).

Note: \$150 million in CARES Act funding was transferred from Medical Services to Medical Support and Compliance in 2020. To date, \$210 million was transferred in 2021 from Medical Services to General Operating Expenses, VBA, out of the \$338 million authorized. All other CARES Act transfers were executed in 2021.

## 2021 COVID-19 Supplemental Appropriation

This table shows appropriations provided in the American Rescue Plan Act of 2021 (P.L. 117-2), by budget account.

(\$s in millions)	Section 1/	Appropriations*
Medical Services	8007	628.000
Medical Community Care	8004, 8007	322.000
Veterans Medical Care and Health Fund 2/	8002	14,482.000
Emergency Employee Leave Fund	8008	80.000
<b>Subtotal Medical Care Appropriations</b>		<b>15,512.000</b>
Medical Care Collections Fund	8007	300.000
Grants for Construction of State Extended Care Facilities	8004	500.000
<b>Subtotal Veterans Health Administration</b>		<b>16,312.000</b>
Information Technology Systems	8003	100.000
General Operating Expenses, Veterans Benefits Administration	8001	648.000
Board of Veterans' Appeals	8001	10.000
Office of Inspector General	8005	10.000
<b>Total Department of Veterans Affairs</b>		<b>17,080.000</b>

\*American Rescue Plan Act of 2021, P.L. 117-2

1/ Displays the section of P.L. 117-2 that provided the funding.

2/ The Veterans Medical Care and Health Fund was established to execute section 8002 of the American Rescue Plan Act of 2021.

## 2022 Mandatory Proposed Legislation

This table shows VA funding requested in support of the President's *American Jobs Plan* and *American Families Plan*.

(\$s in millions)	Appropriations
Medical Services*	260
Construction, Major Projects	15,000
Construction, Minor Projects	3,000
<b>Subtotal, Construction**</b>	<b>18,000</b>
<b>Total Department of Veterans Affairs</b>	<b>18,260</b>

\* American Families Plan

\*\* American Jobs Plan

## Combined Appropriations, Collections, and DoD Transfers

This following table reflects the regular appropriations shown on pages one and two and adds the 2020 and 2021 COVID-19 supplemental appropriations, as well as the 2022 funding requested for the *American Jobs Plan* and the *American Families Plan*. As with the regular appropriations table on pages one and two, rescissions, DoD transfers, and MCCF collections are included, but appropriations transfers within VA are not, including the transfers of 2020 COVID-19 appropriations and unobligated balances as shown on page three. It also displays resources estimated to be available in the Recurring Expenses Transformation Fund (Transformational Fund).

(\$s in thousands)	2020	2021	2022	Change 2022 (total) vs 2021	
	Enacted	Enacted	Request	\$	%
Discretionary Appropriations 1/					
Medical Services	65,523,165	56,555,483	58,897,219	2,341,736	4.1%
Medical Community Care	17,409,799	18,511,979	23,417,244	4,905,265	26.5%
Medical Support and Compliance	7,427,956	8,199,191	8,403,117	203,926	2.5%
Medical Facilities	6,747,880	6,583,265	6,734,680	151,415	2.3%
Subtotal, Medical Care Appropriations	97,108,800	89,849,918	97,452,260	7,602,342	8.5%
Medical Care Collections Fund	3,429,116	2,965,445	4,084,952	1,119,507	37.8%
Subtotal, Medical Care with MCCF	100,537,916	92,815,363	101,537,212	8,721,849	9.4%
Medical and Prosthetic Research	750,000	795,000	882,000	87,000	10.9%
Grants for Construction of State Extended Care Facilities	240,000	90,000	-	(90,000)	-
Subtotal, Veterans Health Administration without MCCF	98,098,800	90,734,918	98,334,260	7,599,342	8.4%
Subtotal, Veterans Health Administration with MCCF	101,527,916	93,700,363	102,419,212	8,718,849	9.3%
Electronic Health Care Record Modernization	1,430,000	2,607,000	2,663,000	56,000	2.1%
Information Technology Systems	6,521,615	4,974,500	4,842,800	(131,700)	-2.6%
Board of Veterans' Appeals	174,000	206,000	228,000	22,000	10.7%
General Operating Expenses, Veterans Benefits Administration	3,138,000	3,164,000	3,423,000	259,000	8.2%
Vocational Rehabilitation Direct Loan Admin and Subsidy	460	458	432	(26)	-5.6%
Native American Direct Loan Admin	1,186	1,186	1,186	-	0.0%
Veterans Housing Benefits Admin	200,377	204,400	229,500	25,100	12.3%
Loan Administration Funds	202,023	206,044	231,118	25,074	12.2%
Subtotal, Veterans Benefits Administration	3,340,023	3,370,044	3,654,118	284,074	8.4%
National Cemetery Administration	329,000	352,000	394,000	42,000	11.9%
Grants for Construction of Veterans Cemeteries	45,000	45,000	45,000	-	0.0%
Subtotal, National Cemetery Administration	374,000	397,000	439,000	42,000	10.6%
General Administration	361,911	353,911	401,200	47,289	13.4%
Construction, Major Projects	1,235,200	1,316,000	1,611,000	295,000	22.4%
Construction, Minor Projects	398,800	354,300	553,000	198,700	56.1%
Subtotal, Construction	1,634,000	1,670,300	2,164,000	493,700	29.6%
Office of Inspector General	222,500	238,000	239,000	1,000	0.4%
Asset and Infrastructure Review (AIR) Commission	-	-	5,000	5,000	-
Choice transfer to Community Care 2020	(615,000)	-	-	-	-
DoD Transfers to Joint Accounts	126,000	152,000	152,000	-	0.0%
Subtotal, Discretionary without MCCF	111,667,849	104,703,673	113,122,378	8,418,705	8.0%
Subtotal, Discretionary Funding (with MCCF)	115,096,965	107,669,118	117,207,330	9,538,212	8.9%
Transformational Fund 2/	-	-	820,000	820,000	-
Total, Discretionary Funding (with MCCF and TF)	115,096,965	107,669,118	118,027,330	10,358,212	9.6%

## Combined Appropriations, Collections, and DoD Transfers

(\$s in thousands)	2020	2021	2022	Change 2022 (total) vs 2021	
	Enacted	Enacted	Request	\$	%
Mandatory Funding 3/					
Medical Services	-	628,000	260,000	-368,000	-
Medical Community Care		322,000			
Veterans Medical Care and Health Fund	-	14,482,000	-	(14,482,000)	-
Emergency Employee Leave Fund	-	80,000	-	(80,000)	-
Medical Care Collections Fund	-	300,000	-	(300,000)	-
Grants for Construction of State Extended Care Facilities	-	500,000	-	(500,000)	-
Information Technology Systems	-	100,000	-	(100,000)	-
Board of Veterans' Appeals	-	10,000	-	(10,000)	-
General Operating Expenses, Veterans Benefits Administration	-	648,000	-	(648,000)	-
Compensation and Pensions	110,457,083	124,357,227	137,575,487	13,218,260	10.6%
Veterans Insurance and Indemnities	128,960	131,372	136,950	5,578	4.2%
Readjustment Benefits	14,065,282	12,578,965	14,946,618	2,367,653	18.8%
Voc Rehab Mandatory Upward Reestimates	40	21	-	(21)	-
Veterans Housing Mandatory Upward Reestimates	70,747	667,034	-	(667,034)	-
Veterans Housing Mandatory Subsidy	4,532	-	-	-	-
Native American Veterans Housing Mandatory Upward Reestimates	1,149	1,202	-	(1,202)	-
Housing Liquidating Account	(7,024)	(6,121)	(4,767)	1,354	-22.1%
Construction, Major Projects	-	-	15,000,000	15,000,000	-
Construction, Minor Projects	-	-	3,000,000	3,000,000	-
Office of Inspector General	-	10,000	-	(10,000)	-
Subtotal, Mandatory Funding	124,720,769	154,809,700	170,914,288	16,104,588	10.4%
Total Funding					
Total, VA (Disc & Mand) without MCCF	236,590,641	259,719,417	284,267,785	24,548,367	9.5%
Total, VA (Disc & Mand) with MCCF	239,817,734	262,478,818	288,121,618	25,642,800	9.8%
Total, Disc & Mand (with MCCF and TF)	239,817,734	262,478,818	288,941,618	26,462,800	10.1%

1/ Discretionary Appropriations includes both regular appropriations and emergency discretionary appropriations provided in annual Appropriations Acts. Includes CARES Act (P.L. 116-136) and Families First Coronavirus Response Act (P.L. 116-127).

2/ Estimated resources available in Recurring Expenses Transformational Fund (Transformational Fund) at the start of 2022. These resources do not score as budget authority in 2022.

3/ Mandatory Appropriations includes both mandatory appropriations provided in annual Appropriations Acts and the American Rescue Plan Act of 2021 (P.L. 117-2), as well as funding requested in 2022 for the American Jobs Plan and the American Families Plan.

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## *Mission*

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### **Our Mission: *What We Are Here to Do***

**To fulfill President Lincoln's promise - "To care for him who shall have borne the battle, and for his widow, and his orphan" - by serving and honoring the men and women who are America's Veterans.**

President Lincoln's immortal words, delivered in his second inaugural address more than 140 years ago, best describe VA's mission: "To care for him who shall have borne the battle and for his widow, and his orphan." We care for Veterans, their families, and survivors – men and women who have responded when their Nation needed help. VA's mission is clear-cut, direct and historically significant. It is a mission that every VA employee is proud to fulfill.

VA carries out four specific missions to make good on that commitment: Veterans health care, Veterans' benefits, National cemeteries and our fourth mission. VA's fourth mission, supported by all the Administrations, is to improve the Nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state and local emergency management, public health, safety and homeland security efforts.

### **Our Programs: *What We Do***

VA is comprised of the following three administrations that deliver services to Veterans as well as staff offices that support the Department:

The Veterans Health Administration (VHA) provides a broad range of primary care, specialized care and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' health and wellness by pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans;

The Veterans Benefits Administration (VBA) provides a variety of financial and other benefits to Veterans and their families. These benefits include compensation, pension, fiduciary services, educational opportunities, employment services, home ownership promotion, transition assistance, and life insurance;

The National Cemetery Administration (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national cemeteries, cemetery grants, headstones, markers, medallions, and Presidential Memorial Certificates; and

VA Staff Offices provide a variety of services to the Department, including: information technology (IT), human resources (HR) management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.



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## *Population of American Veterans*

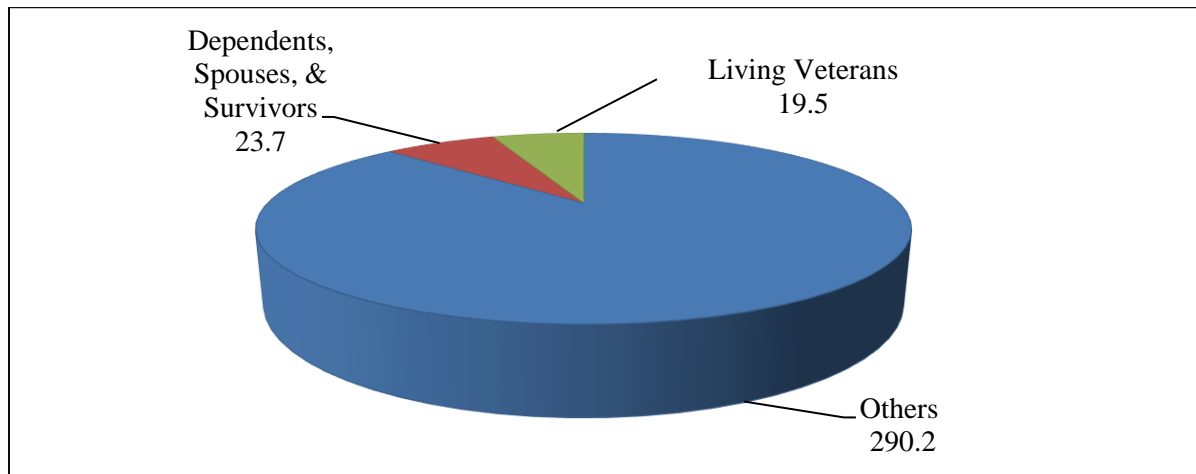
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### **Veteran Population**

On September 30, 2020, there were an estimated 19.5 million living Veterans living in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. There were an estimated 23.1 million dependents (spouses and dependent children) of living Veterans. Additionally, there were about 606,000 survivors of deceased Veterans receiving survivor benefits (either Dependency and Indemnity Compensation or death pension payments). Thus, approximately 43.2 million people, or 13.0 percent of the total estimated resident population of the United States, Puerto Rico, U.S. Island Areas and U.S. citizens living abroad (333.4 million), were recipients, or potential recipients, of Veterans' benefits from the Federal Government.

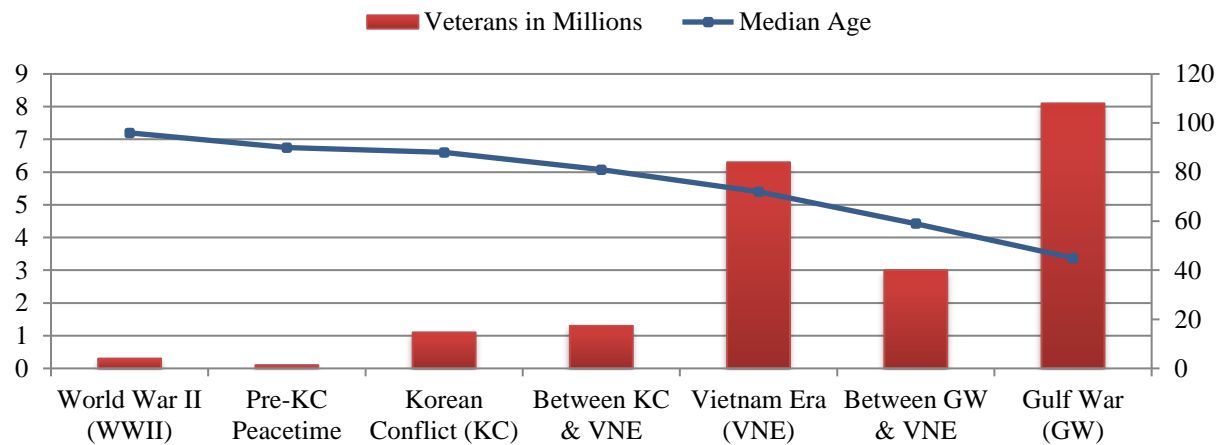
The pie chart below represents the estimated number (in millions) in the resident population classified as living Veterans, dependents of living Veterans and survivors of Veterans receiving VA survivor benefits, and others (the remainder of the resident population) as of September 30, 2020.

Estimated Population (in Millions) of Living Veterans, Dependents of Living Veterans, Survivors of Veterans Receiving VA Survivor Benefits, and Others in the U.S., American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, September 30, 2020



The graph below represents the estimated number (in millions) in the resident population classified as living Veterans as of September 30, 2020.

**Estimated Number and Median Age of Veterans by Period of Service\*,  
September 30, 2020**



<i>Data as of 9/30/2019</i>	Median Age	Veterans in Millions*
World War II (WWII)	96	0.3
Pre-KC Peacetime	90	0.1
Korean Conflict (KC)	88	1.1
Between KC & VNE	81	1.3
Vietnam Era (VNE)	72	6.3
Between GW & VNE	59	3.0
Gulf War (GW)	45	8.1

\* Veterans are included in all wartime periods in which they served. Therefore, period categories do NOT add to total Veteran population.

Source – Veteran Population Projection Model 2018



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## *Estimates and Projections of the Veteran Population*

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**Estimates and Projections<sup>(1)</sup> of the Veteran Population of the United States, Puerto Rico, US Island Areas<sup>(2)</sup>, and Foreign Countries  
September 30, 2019 -- September 30, 2029 Veteran populations projected as of September 30, 2020.**

Period	9/30/2019	9/30/2020	9/30/2021	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029
<b>All Veterans<sup>(3)</sup></b>	19,928,795	19,541,961	19,162,515	18,792,191	18,433,480	18,087,076	17,749,571	17,421,760	17,102,073	16,789,653	16,484,420
<b>Wartime Veterans<sup>(3)</sup></b>	15,452,729	15,200,860	14,959,391	14,729,624	14,512,425	14,306,900	14,083,335	13,850,787	13,598,257	13,310,439	13,015,002
<b>Gulf War<sup>(4)</sup></b>	7,883,017	8,051,480	8,211,348	8,366,638	8,518,276	8,665,169	8,780,042	8,873,179	8,935,283	8,952,227	8,952,830
GW Only	7,473,733	7,652,148	7,822,437	7,988,682	8,151,775	8,310,531	8,437,682	8,543,514	8,618,737	8,649,229	8,663,799
GW, VNE Only	409,284	399,332	388,911	377,956	366,501	354,639	342,360	329,666	316,546	302,998	289,030
<b>Vietnam Era<sup>(4)</sup></b>	6,452,575	6,257,595	6,054,194	5,841,522	5,620,874	5,394,508	5,162,101	4,924,060	4,680,258	4,431,095	4,177,072
VNE Only	5,925,673	5,754,260	5,574,328	5,384,955	5,187,226	4,983,218	4,772,604	4,555,756	4,332,540	4,103,365	3,868,754
VNE, KC Only	106,904	95,512	84,357	73,585	63,394	53,905	45,167	37,254	30,218	24,088	18,861
VNE, KC, WWII Only	10,714	8,490	6,598	5,026	3,753	2,747	1,970	1,384	954	644	427
<b>Korean Conflict<sup>(4)</sup></b>	1,243,560	1,095,996	954,032	819,437	694,418	580,123	477,061	385,834	306,681	239,465	183,642
KC Only	1,103,427	974,034	849,029	730,059	619,187	517,529	425,649	344,183	273,430	213,324	163,419
KC, WWII Only	22,515	17,959	14,048	10,767	8,084	5,942	4,275	3,012	2,080	1,408	934
<b>WWII<sup>(4)</sup></b>	433,708	325,574	240,329	174,388	124,341	87,079	59,873	40,414	26,786	17,434	11,138
WWII Only	400,479	299,124	219,684	158,594	112,504	76,391	53,628	36,017	23,753	15,382	9,777
<b>Peacetime Veterans<sup>(5)</sup></b>	4,476,055	4,341,082	4,203,099	4,062,538	3,921,024	3,780,142	3,666,202	3,570,940	3,503,785	3,479,184	3,469,390
Between GW & VNE	2,984,684	2,951,082	2,915,496	2,877,952	2,838,625	2,797,698	2,755,112	2,710,728	2,664,572	2,616,585	2,566,689
Between KC & VNE	1,423,955	1,334,400	1,242,323	1,148,217	1,053,620	960,039	867,521	776,777	688,413	603,331	522,443
Pre-KC	67,416	55,599	45,280	36,369	28,779	22,405	17,140	12,875	9,495	6,876	4,891

<sup>(1)</sup> These data differ slightly from published Census data because they include 17 year-old Veterans, Veterans in foreign countries, and Veterans in US Island Areas which are not included in the published Census data.

<sup>(2)</sup> US Island Areas is composed of Virgin Islands, Guam, American Samoa, and the Northern Marianas.

<sup>(3)</sup> Veterans serving in more than one period of service are counted only once in the total.

<sup>(4)</sup> This sum includes Veterans who served in multiple periods.

<sup>(5)</sup> Veterans who served both in wartime and peacetime are only counted as serving in wartime.

Source: Veteran Population Projection Model 2018 as of September 30, 2020



## Performance Summary

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Trust in VA among America's Veterans (VEO #692)	70%	72%	90%	79%	90%	90%	N/A	Off Track
Easy to get services (VEO #746)	69%	71%	90%	76%	90%	90%	N/A	Off Track
Customer satisfaction with outreach events office of small and disadvantaged business utilization (OSDBU #966)	N/A	N/A	0	5	N/A	N/A	N/A	Baseline
% of IDES participants who have a proposed rating completed within 20-day standard (VBA #469)	61%	52%	63.00%	69.40%	63%	N/A	N/A	On Track
Increase the number of Veterans who are aware of using benefits, reached through advertising and marketing efforts (OPIA #536)	7.50%	10.86%	11%	10.12%	11%	10%	N/A	Off Track
Percent of Disability Compensation rating claims processed within 125 days (VBA #576)	74.54%	73.16%	71.00%	74.76%	63%	71%	N/A	On Track
Increase traffic to and from the content delivery [social media] platform (OPIA #659)	3.89%	29.69%	20.00%	59.02%	20%	20%	N/A	On Track
I felt like a valued customer (VEO #752)	71%	73%	90%	73%	90%	90%	N/A	Off Track
I got the services I needed (VEO #761)	77%	76%	90%	74%	90%	90%	N/A	Off Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Average number of days from VR&E's receipt of Veteran's application to notification that the Veteran was found entitled or not entitled to services (VBA #852)	N/A	42.25	45.00	35.96	45	45	N/A	On Track
Customer satisfaction for VA portion of the Transition Assistance Program (TAP) (VBA #917)	N/A	N/A	95%	95.8%	95%	95%	N/A	Not Started
Percentage of Pension rating claims processed within 125 days (VBA #918)	N/A	N/A	N/A	N/A	80%	80%	N/A	Not Started
Expand awareness of VA programs for Veterans who are homeless or at risk of homelessness (OPIA #923)	N/A	N/A	N/A	N/A	1%	1%	N/A	Not Started
Percent of eligible Veterans contacted within their first year of separation from military service (VBA #982)	N/A	N/A	N/A	N/A	40%	N/A	N/A	Not Started
Appeals Adjudicated (BVA #65)	85,288	95,089	91,500	102,663	93,600	98,104	N/A	On Track
Average days to complete original education claims (VBA #218)	24.45	24.1	28.0	15.4	24	24	N/A	On Track
Average days to complete supplemental education claims (VBA #219)	12.3	13.4	14.0	6.9	12	12	N/A	On Track
Default resolution rate for VA-backed home loans (VBA #226)	87.6%	87.4%	80.00%	93.81%	80%	80%	N/A	On Track
Percent of Veterans served by a burial option within a reasonable distance (75 miles) of their residence (NCA #234)	92.10%	92.40%	92.40%	93.00%	94%	94%	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of respondents who rate the quality of service provided by the national cemeteries as excellent (NCA #580)	N/A	96.80%	97%	97%	97%	97%	N/A	On Track
Percent of Dependents Indemnity Compensation (DIC) rating claims processed within 125 days (VBA #649)	N/A	69.60%	84.00%	78.30%	N/A	N/A	N/A	Off Track
Composite Measure: The average of the percent Always or Usually responses for the four access measures found in the Patient Centered Medical Home Survey and the Specialty Care Consumer Assessment of Healthcare Providers and Systems survey (VHA #681)	N/A	81.31%	83.00%	82.52%	83%	84%	85%	Off Track
Percent of Primary Care Patients who respond Always and Usually regarding their ability to get an appointment for needed care right away (VHA #682)	N/A	74.91%	77.00%	74.90%	78%	79%	80%	Off Track
Percent of women assigned to designated women's health primary care providers (VHA #834)	77.44%	80.57%	83%	81.85%	83%	84%	85%	Off Track
Percentage of community care claims processed timely (VHA #635)	52.23%	52.48%	90%	71%	90%	91%	92%	Off Track
Hearings held (BVA #712)	16,423	22,743	24,300	15,669	50,000	50,000	N/A	Off Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of patients who rated their primary care provider a 9 or 10, where 0 is the worst provider possible and 10 is the best provider possible (VHA #741)	N/A	N/A	71.00%	73.53%	74%	75%	76%	On Track
Percentage of eligible Veterans who have received telehealth services during the fiscal year. This is a composite of the eligible Veterans who have received Home Telehealth (HT), Clinical Video Telehealth (CVT), and Store and Forward Telehealth (SFT) (VHA #742)	3.23%	15.24%	16.00%	27.19%	30%	32.5%	35%	On Track
Overall rating of hospital (VHA #747)	N/A	67.46%	68.00%	70.13%	71%	72%	31%	On Track
Overall rating of specialty care provider (VHA #750)	N/A	71.93%	70.50%	74.80%	75%	76%	77%	On Track
Video telehealth to off-site patients (VHA #753)	0.15	1.67%	2.50%	18.80%	20%	22%	24%	On Track
Overall Satisfaction with community care (VHA #760)	N/A	0%	79.00%	77.97%	79%	80%	81%	Off Track
Number of issues decided (BVA #778)	253,450	305,078	299,205	294,161	272,376	285,482	N/A	Off Track
Appeals decided per FTE (BVA #780)	68	88	77	89	78	84.5	N/A	On Track
Percentage of unique Veterans accessing whole health services (VHA #790)	N/A	4.48%	5.40%	6.46%	7.5%	8.2%	9%	On Track
Number of whole health encounters (VHA #791)	N/A	1,151,311	1,266,440	1,266,440	1,393,086	1,532,395	N/A	Off Track
Percent of calls answered by the VBA National Call Center within 2 minutes (VBA #840)	N/A	32%	67.00%	74.26%	69%	70%	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of calls blocked by the VBA National Call Center (VBA #841)	N/A	00.01%	00.04%	0%	00.04%	00.04%	N/A	On Track
Percentage of interactions correctly managed by the National Call Center (VBA #842)	N/A	92.34%	90.00%	92.14%	91%	91%	N/A	On Track
Average days to complete higher-level reviews (VBA #843)	N/A	37	125	94	125	125	N/A	On Track
Percent of Life Insurance clients highly satisfied with the program (VBA #846)	92.8%	93.3%	95%	93%	95%	95%	N/A	Off Track
Percent of Survivors Pension entitlement determinations processed within 60 days (VBA #847)	N/A	11%	60.00%	20.20%	N/A	N/A	N/A	Off Track
National claim-based quality for Pension claims (Rating) (VBA #848)	N/A	92.6	93.5	93.7	93	93	N/A	On Track
Percent of Veterans Pension rating claims processed within 125 days (VBA #849)	N/A	66.4%	80.0%	76.1%	N/A	N/A	N/A	Off Track
Percentage of total procurement awarded to Veteran-owned small business (OSDBU #878)	23.30%	25.70%	17.00%	22.70%	17%	17%	N/A	On Track
VR&E program participation rate (VBA #919)	N/A	N/A	N/A	33,200	N/A	N/A	N/A	Not Started
Pending appeals inventory (Board – AMA Appeals) (BVA #958)	N/A	N/A	N/A	52,993	N/A	N/A	N/A	Not Started
New contract awards using SDVOSB or VOSB Set-Aside (OSDBU #967)	N/A	N/A	N/A	15.3	10	10	N/A	Not Started
Percentage of total procurement awarded to Service-Disabled Veteran-Owned Small Business (SDVOSB) (OSDBU #968)	N/A	N/A	15.00%	22.50%	15%	N/A	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of HUD-VASH vouchers allocated that resulted in a homeless Veteran obtaining permanent housing (end of fiscal year point in time percentage) (VHA #535)	N/A	84%	92%	83%	92%	92%	92%	Off Track
VR&E class achievement rate (VBA #601)	65.2%	63.05%	68.00%	61.35%	N/A	N/A	N/A	Off Track
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (VHA #606)	N/A	91%	90%	89%	90%	90%	90%	Off Track
Average days to complete initial field exam appointment exam (VBA #647)	91.9	68.60	76.00	38.20	76	76	N/A	On Track
Percentage of Veterans flagged as high risk for suicide who have received all recommended interventions and follow-up (VHA #756)	N/A	80.90%	83.00%	85.97%	87%	89%	90%	On Track
Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12 (VHA #788)	N/A	2.56	2.30	2.30	3	4	5	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Percent of long-term service and support obligations and/or expenditures devoted to purchased Personal Care Service for frail elderly and disabled Veterans wishing to remain at home (VHA #804)	N/A	10.5%	11.5%	8.8%	9.5%	10%	10.5%	Off Track
Percent of Homeless field positions currently filled funded by VHA Homeless Program Office Including HUD-VASH case managers (VHA #826)	N/A	86%	90%	86%	90%	90%	90%	Off Track
Percentage of caregiver applications processed within 90 days (VHA #832)	N/A	90.31%	90%	96.88%	90%	92%	92%	On Track
Use of interventions for Veterans at-risk for suicide through the use of predictive modeling and enhanced engagement strategies (REACHVET & STORM) (VHA #835)	N/A	85.19%	91.00%	96.10%	95%	95%	95%	On Track
Percentage of follow-up field exams for which Veteran with a fiduciary well-being is confirmed (VBA #851)	N/A	99%	99.9%	99.9%	N/A	N/A	N/A	On Track
Accuracy of requirements in closing a Veteran's VR&E case or declaring the Veteran rehabilitated or discontinued (VBA #853)	98.2	98.8	98.00	98.48	98	98	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Average days to complete – AMA direct docket from notice of disagreement (BVA #984)	0	0	0	0	365	365	0	Not Started
Overall confidence/trust score (BVA #960)	N/A	N/A	N/A	40.8%	N/A	N/A	N/A	Not Started
Education claim quality (based on QA) (VBA #845)	N/A	97.60%	95%	98.30%	95%	95%	N/A	On Track
National Accuracy Rate - Percent of disability compensation rating issues processed accurately (VBA #304)	94.90%	95.70%	96%	95.91%	96%	96%	N/A	Off Track
Number of reports (audit, inspection, evaluation, contract review, Comprehensive Healthcare Inspection Program (formerly known as Combined Assessment Program), and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement (OIG #585)	309	237	N/A	N/A	N/A	N/A	N/A	N/A
Percentage of reports (formerly number of reports, see measure above) (audit, inspection, evaluation, contract review, Comprehensive Healthcare Inspection Program, and Community Based Outpatient Clinic reports) issued that identify opportunities for improvement (OIG #585)	N/A	N/A	70%	90%	70%	70%	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Number of arrests, indictments, convictions, criminal complaints, pretrial diversions, and administrative sanctions (OIG #586)	2,914	2,372	2,100	2,224	2,100	2,330	N/A	On Track
Monetary benefits (\$ in millions) from audits, investigations, contract reviews, inspections, and other evaluations (OIG #587)	\$2,840	\$5,666	\$3,700	\$4,007	\$4,000	\$4,000	N/A	On Track
Return on investment (monetary benefits divided by cost of operations in dollars) (OIG #588)	21	37	22	23	22	22	N/A	On Track
Percentage of recommendations implemented within one year to improve efficiencies in operations through legislative, regulatory, policy, practice, and procedural changes in VA (OIG #590)	86%	83%	85%	73%	85%	85%	N/A	Off Track
Percentage of recommended recoveries achieved from post-award contract reviews (OIG #591)	100%	100%	98%	100%	98%	98%	N/A	On Track
Percentage of full cases that result in criminal, civil, or administrative actions (OIG #694)	74%	65%	74%	64%	74%	74%	N/A	Off Track
Quality of higher-level review of compensation and pension decisions (VBA #844)	N/A	96.3%	96.00%	96.9%	96%	96%	N/A	On Track
Percentage of follow-up field exams completed within 175 days (VBA #850)	N/A	74.93%	75.0%	90.7%	75%	75%	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
The average amount of time a case takes in OAWP, from the time that it is received to the time it is closed or a recommendation from the Assistant Secretary is made, whichever occurs first (OAWP #926)	N/A	0	120	200	120	120	N/A	Off Track
Percentage of Facilities customers who are satisfied with services being provided (OALC #253)	N/A	79.80%	70%	76%	75%	75%	N/A	On Track
Percent of construction projects accepted by VA as substantially complete in the quarter identified (OALC #400)	N/A	60%	70%	67%	75%	75%	N/A	Off Track
Percent of continuity assessment criteria completed at the “Performed without Challenges” rating during the annual Eagle Horizon Exercise (OSP #805)	N/A	100%	70%	0%	N/A	N/A	N/A	Off Track
Number of on-site inspections of VA Police Programs across the Department during the fiscal year (OSP #806)	N/A	56	60	34	N/A	N/A	N/A	Off Track
Percent of major leasing projects accepted by VA as substantially complete in the quarter identified (OALC #825)	N/A	100%	75%	69%	75%	75%	N/A	Off Track
Percentage of Procurements awarded on time for eCMS Procurements (PALT) (OALC #836)	N/A	92%	90.00%	70.80%	N/A	N/A	N/A	Off Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Procurement customer satisfaction (OALC #838)	N/A	4.88	4.00	4.64	N/A	N/A	N/A	On Track
Percent of cleared employees who receive Insider Threat training during the calendar year (OSP #865)	N/A	0%	100.00%	50.31%	N/A	N/A	N/A	Off Track
Comprehensive continuity capability score on the Federal Continuity Assessment Tool (OSP #900)	N/A	9.1	7	10	N/A	N/A	N/A	On Track
Percent of students who graduate from the VA Law Enforcement Training Center (OSP #901)	N/A	0%	80%	85%	N/A	N/A	N/A	On Track
Percent of new VA employees and contractors onboarded with USAccess cards in the fiscal year (OSP #902)	N/A	0%	80%	1%	N/A	N/A	N/A	Off Track
Percent of timeliness requirements in service level agreements met for adjudication of VA contractor background investigation cases received from the Defense Counterintelligence and Security Agency (DCSA) (OSP #903)	N/A	0%	90%	96%	N/A	N/A	N/A	On Track
Number of violent crimes committed on VA property (i.e., Active Shooter, Aggravated Assault, Homicide, Robbery and Sexual Assault) OCOP (OSP #971)	N/A	N/A	Baseline	0	360	360	N/A	Not Started
Procurement Action Lead Time (PALT) (OALC #973)	N/A	N/A	N/A	0	120	90	N/A	Not Started

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Acquisition customer satisfaction - pre-solicitation functions (OALC #974)	N/A	N/A	N/A	0	4.3	4.5	N/A	Not Started
Acquisition customer satisfaction - pre-award activity (OALC #975)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
Acquisition customer satisfaction – program performance management/contract administration (OALC #976)	N/A	N/A	N/A	0	4.2	4.3	N/A	Not Started
VA category management - reduce contract actions (OALC #977)	N/A	N/A	N/A	0	7	9	N/A	Not Started
VA Achievement federal category management targets (OALC #980)	N/A	N/A	N/A	0	80	85	N/A	Not Started
Executive fill rate – Medical Center Directors (MCD) (HRA #86)	86.40%	90.60%	90.0%	95.7%	90%	90%	N/A	On Track
Percent of VA employees who are preference eligible Veterans (HRA #278)	32.47%	32.40%	30.00%	30.7%	30%	30%	N/A	On Track
Employee Engagement Index (EEI) (HRA #608)	69.30%	70.30%	65%	72%	65%	65%	N/A	On Track
Executive fill rate – Non-Medical Center Directors (Non-MCD) (HRA #715)	N/A	85%	90.00%	73.90%	90%	90%	N/A	Off Track
Best Places to Work index score (HRA #795)	64%	65.30%	62%	69%	63%	63%	N/A	On Track
Physician (primary care) critical occupation) quit rate (HRA #796)	4.76%	4.51%	<5.53%	3.97%	N/A	N/A	N/A	On Track
Psychologist critical occupation quit rate (HRA #797)	3.68%	3.75%	<3.90%	3.27%	N/A	N/A	N/A	On Track
Psychiatrist critical occupation quit rate (HRA #798)	5.18%	5.07%	<5.76%	4.39%	N/A	N/A	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
<b>Adherence to the 1:125 VR&amp;E Counselor to Veteran National Ratio Per PL 114-223, Section 254 (VBA #921)</b>	N/A	0	1:125	1:120	1:125	1:125	N/A	On Track
<b>Retention of VA workforce (VA-wide new hire 2-yr retention rate) (HRA #979)</b>	N/A	N/A	N/A	0	70%	70%	N/A	Not Started
<b>FITARA implementation met (OIT #854)</b>	N/A	N/A	90%	90%	N/A	N/A	N/A	On Track
<b>Intrusion detection &amp; prevention (OIT #855)</b>	N/A	N/A	90%	89%	100%	100%	N/A	Off Track
<b>Exfiltration &amp; enhanced defenses (OIT #856)</b>	N/A	N/A	90%	77%	90%	90%	N/A	Off Track
<b>Data protection (OIT #857)</b>	N/A	N/A	90%	90%	90%	90%	N/A	On Track
<b>Hardware asset management (OIT #858)</b>	N/A	N/A	95%	95%	95%	95%	N/A	On Track
<b>Software asset management (OIT #859)</b>	N/A	N/A	95%	100%	95%	95%	N/A	On Track
<b>Authorization management (OIT #860)</b>	N/A	N/A	100%	100%	100%	100%	N/A	On Track
<b>Mobile device management (OIT #861)</b>	N/A	N/A	95%	100%	95%	95%	N/A	On Track
<b>Privileged network access management (OIT #862)</b>	N/A	N/A	95%	100%	95%	95%	N/A	On Track
<b>High value asset access management (OIT #863)</b>	N/A	N/A	95%	100%	90%	90%	N/A	On Track
<b>Automated access management (OIT #864)</b>	N/A	N/A	100%	100%	95%	95%	N/A	On Track
<b>Assess adequate legal support for Agency: Average number of case hours per attorney produced each quarter (OGC #885)</b>	N/A	0	325	332	325	325	N/A	On Track

Measure Name	2018 Result	2019 Result	2020 Target	2020 Result	2021 Target	2022 Target	2023 Target (VHA Only)	Measure Status
Assess adequate legal support for Agency: Average number of case hours per paralegal produced each quarter (OGC #886)	N/A	0	200	259	225	225	N/A	On Track
Assess adequate legal support for Agency: Average dollar cost per case hour (OGC #887)	N/A	\$0	\$270	\$195	\$250	\$250	N/A	On Track
Accuracy rate: legacy decisions (BVA #959)	N/A	91.4%	92.00%	90.70%	92%	92%	N/A	Off Track
Number of Executive Order 13771 Regulatory Actions Issued (OSVA #993)	N/A	6	5	0	4	4	N/A	On Track
Number of Executive Order 13771 Deregulatory Actions Issued (OSVA #994)	N/A	5	2	0	2	2	N/A	On Track
Total incremental cost of all Executive Order 13771 regulatory and deregulatory actions (OSVA #995)	N/A	0	0	0	0	0	N/A	On Track



## *Selected Facilities by Type*

### *Selected VA Facilities by Type*

(As of September 30, 2020)

Type of Facility	Number
Residential Rehabilitation Treatment Programs	115
Health Administration Management Center	1
Insurance Center	1
National Cemetery Districts	5
Extended Care (Community Living Centers)	134
Regional Loan Centers	8
Records Management Center	1
Regional Offices	56
Regional Pension Management Centers	3
Regional Education Processing Offices	2
Fiduciary Hubs	6
VA Hospitals	146
VA National Cemeteries	152
VA Other Cemeterial Installations (Soldiers' lots and Monument sites)	34
VA Outpatient Clinics	775
Vet Centers	300
Mobile Vet Centers	83
Veterans Benefits Administration District Offices	4
Veterans Integrated Service Networks (VISNS)	18

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## *Legislation Summaries*

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## *Proposed Legislation Summary*

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### **Summary of Proposed Legislation**

The budget includes 64 legislative proposals related to discretionary spending. To focus attention on the American Jobs Plan and the American Family Plan, there are no additional mandatory legislative proposals included in this request. A summary of each proposal is provided below, followed by a table showing the costs of the discretionary proposals included in the FY 2022 President's Budget request. Detailed legislative text will be provided separately.

### **Medical Care – Proposed Legislation**

**1. Additional Services for Veterans with Severe Mental Illness:** 38 U.S.C. § 2033 authorizes VA, subject to appropriations, to operate a program to expand and improve the provision of benefits and services to homeless Veterans. The program includes establishing sites under VA jurisdiction to be centers ("CRRCs" – Community Resource and Referral Centers) for the provision of comprehensive services to homeless Veterans in at least each of the 20 largest metropolitan statistical areas. If VA's authority to operate this program expires, VA would have to immediately cease providing such services to the very needy classes of Veterans served under this authority. It is recommended that this authority be considered for permanent authority given its long-standing as an essential VHA homeless program and its continuous, positive outcomes for service delivery to homeless Veterans. If permanent authority is not granted, a five year minimum renewal is being requested.

**2. Advanced Medical Directives of Veterans:** This proposal seeks to amend title 38 by adding a new section 7335 to create parity between VA and the Department of Defense (DoD) by specifying that a valid VA advance directive (VA Form 10-0137) (as determined by VA) shall be exempt from form, substance, formality, or recording requirements under the laws of a State and given the same legal effect as an advance directive executed in accordance with the laws of the State concerned. DoD's comparable provision for recognition of military advance medical directives by States is 10 U.S.C. § 1044c.

**3. Aggregate Pay Limitation for Veterans Health Administration (VHA) Physicians, Podiatrists, and Dentists:** Modify 38 U.S.C. § 7431 to eliminate the performance pay and the base and longevity pay components of the physician, podiatrist, and dentist pay system under 38 U.S.C. §§ 7431(a)(3) and (d). In its place, VHA proposes to have a single market pay component which will include enhanced market pay criteria that addresses productivity and performance measures. In addition, to eliminate the aggregate pay limitation on the "total amount of compensation" under 38 U.S.C. § 7431(e)(4).

**4. Amend Public Law 114-223 Sec 251: Veterans Affairs Kitchen Inspection Requirements:** While the use of unbiased teams to conduct kitchen inspections will provide a clear and unbiased inspection and review process, we are requesting this law be modified to allow for-profit entities, in addition to not-for-profit entities covered by current language, to conduct inspections. The law cannot be followed as written.

**5. Amendment of Policy regarding the Pay Limitation:** Amendment to 38 U.S.C. § 7451(c) (2) to allow the pay limitation for VA Nurses and Physician Assistants (PAs) to be changed to that of the following: For all Advanced Practice Nurses (APRNs) the pay limitation will be changed from level IV to level I of the Executive Schedule; for all PAs the pay limitation will be changed from level (V) to level I of the

Executive Schedule; for all other RNs the pay limitation will be changed from level IV to level II of the Executive Schedule in 38 U.S.C. § 7451(c)(2).

**6. Amendments to Domiciliary Care Statutes Income Limitation:** This legislative proposal is part of the VA Mental Health Residential Rehabilitation and Treatment Programs' (MH RRTP) larger effort to align the program's outdated Domiciliary Care statutory authority with MH RRTP's state of the art clinical care model. VA proposes to amend 38 U.S.C. § 1710(b) to establish a single eligibility criterion for receipt of domiciliary care; the proposed change would allow domiciliary care to be furnished as the Secretary determines is needed for the purpose of the furnishing of medical services to the Veteran.

**7. Amendments to Domiciliary Care Statutes Numerical Limit on Programs:** This legislative proposal will address pressing access needs, allow greater choice, focus resources more efficiently and will aid in fully modernizing the MH RRTP program by allowing VA to create more domiciliaries for homeless Veterans under the MH RRTP program. To achieve these changes, VA proposes to amend 38 U.S.C. § 2043(a).

**8. Appointments of Unlicensed Licensed Professional Mental Health Counselors:** Current legislation hinders VA from hiring and retaining LPMHCs who are otherwise qualified, to complete State prerequisites for licensure in certain States. LPMHCs need two to three, and in some cases, 4 years of post-education supervised clinical work to be eligible for licensure. The VA seeks to modify 38 U.S.C § 7402(b)(11)(B) to allow the Secretary of VA to waive the requirement of licensure for an individual licensed professional mental health counselor (LPMHC) to permit individuals a reasonable period of time to get licensed, as recommended by the Under Secretary for Veterans Health Administration (VHA).

**9. Automobile Adaptive Equipment (AAE):** 38 U.S.C. § 3901(2) defines adaptive equipment as "including, but not limited to, power steering, power brakes, power window lifts, power seats, and special equipment necessary to assist the eligible person into and out of the automobile or other conveyance. Such term also includes (A) air-conditioning equipment when such equipment is necessary to the health and safety of the Veteran and to the safety of others, regardless of whether the automobile or other conveyance is to be operated by the eligible person or is to be operated for such person by another person; and (B) any modification of the size of the interior space of the automobile or other conveyance if needed because of the physical condition of such person in order for such person to enter or operate the vehicle."

**10. Comprehensive Dental Care:** The statutory language in title 38 United States Code (U.S.C.) establishing VA's authority to provide dental care to eligible Veterans would be amended to include authority to provide comprehensive dental care to Veterans who have a service-connected dental condition or disability that is compensable in degree and Veterans who have a service-connected dental condition or disability due to combat wounds or other service trauma (which corresponds to Class I and Class IIa Veterans, respectively, in 38 CFR 17.161(a) and (c)).

**11. Consultation on Specific Cases for Community Providers:** VA's Post-traumatic Stress Disorder (PTSD) Consultation Program is requesting authority to consult on specific cases with community providers who are treating Veterans for PTSD. Such authority is of the utmost importance given the expansion of the MISSION Act and is needed in order to enhance Veterans' access to high-quality, evidence-based care for PTSD in the community.

**12. Establish Office of Research and Development (ORD) Hiring Authority:** Modify title 38 United States Code to specifically cover employees appointed into the excepted service to support ORD research activities in VHA. Current statutes do not explicitly cover research positions in VHA, so ORD must use a patchwork of complex authorities to hire individuals to conduct research. The current process makes it

difficult to hire individuals with the requisite skills in a timely fashion and to keep experienced staff in the VA to maintain continuity of the research program.

**13. Executive Management Fellowship Program:** VHA experienced major challenges in the implementation of the Executive Management Fellowship (EMF) due to the ambiguity in the legislative language and stringent parameters around the program's implementation. 38 U.S.C. § 741 directed both VHA and Veterans Benefits Administration (VBA) to implement an Executive Management Fellowship Program. This proposal recommends language to clarify elements of the program and increase flexibility for the Department of Veterans Affairs (VA) in its implementation.

**14. Expand Authority to Provide Bereavement Counseling and Support:** To remove current legal eligibility criteria that pose a barrier to access and to revise 38 U.S.C. § 1783 to allow VA staff to offer and provide bereavement counseling and support services to grieving family or legal guardians of deceased Veterans who were enrolled in VA's health care system. This authority would remove current legal barriers that limit who is eligible for bereavement services, permitting implementation of VHA's strategic plans to integrate families as key members in the care of Veterans.

**15. Extended Authorization of Appropriations for the Monthly Assistance Allowance for Disabled Veterans Training in Paralympic and Olympic Sports (VMAA) Program:** Pursuant to 38 U.S.C. § 322(d), VA provides a monthly assistance allowance to Veterans with disabilities training in their respective Paralympic and Olympic sports. Under this program, VA pays a monthly stipend to Veterans with service-connected and nonservice-connected disabilities if they are training or competing in any event sanctioned by the United States Olympic Committee or who is residing at a United States Olympic Committee training center. This proposal would extend 38 U.S.C. § 322(d) authorization of appropriations for the VMAA program through the end of FY 2031 by amending the current expiration date (end of FY 2020).

**16. Extending Appointments of Psychologists Pending License During a Declared National Emergency (COVID-19):** Modify 38 U.S.C. § 7402 Qualifications of appointees, specifically 38 U.S.C. § 7402(b)(8)(C) to allow the Secretary of the VA to waive the requirement of licensure or certification for an individual psychologist for a reasonable period of time recommended by the Under Secretary for VHA.

**17. Extending Temporary Appointments of Providers Pending License, Certification or Registration During a Declared National Emergency (COVID-19):** Due to the ongoing COVID-19 pandemic, many State licensing boards, and professional testing centers have either limited operational capacity or closed entirely. This is having an impact on current VA employees who were hired pending license, certification, and/or registration. Current statute limits the length of these temporary appointments, requiring employees to obtain their occupation-specific credential within certain timeframes. Modify 38 U.S.C. § 7405 Temporary full-time appointments, part-time appointments, and without-compensation appointments, specifically 38 U.S.C. § 7405(c)(2) to allow the Secretary authority to extend temporary appointments of hybrid title 38 and title 38 employees pending license, certification or registration during national emergencies.

**18. Extension of Authority for the Adaptive Sports Grant (ASG) Program for Disabled Veterans and Disabled Members of the Armed Forces:** As authorized under 38 U.S.C § 521A, VA provides grant funding to organizations to increase the availability of adaptive sport activities for Veterans and Servicemembers with disabilities. The goals and objectives of the grant program include providing adaptive sport activities designed to enhance the rehabilitative, therapeutic, and whole life health of Veterans and Servicemembers across the complete spectrum of adaptive sport activities – from recreational through elite levels of competition. This is achieved through support for training of adaptive sports providers for delivery of sport, athlete assessment/classification, adaptive sport program development and equipping, and provision and instruction in adaptive sports. Grants range from having a national footprint to local

community-based programs. The VA ASG Program has been determined to be successful by Congress and it is being proposed to extend the authority for the ASG Program for five years and to update appropriations amount to be congruent with increased funding provided by Congress in FY 2020.

**19. Grants for Transportation of Highly Rural Veterans:** VA proposes to amend the statutory authority for its Grant Program for Transportation of Highly Rural Veterans to allow VA to better carry out the law's purpose. Specifically, VA is proposing to increase the maximum amount per grant from \$50,000 to \$60,000, and to make available an additional \$80,000 for a grantee that is required to purchase a vehicle to comply with the requirements of the Americans with Disability Act (ADA) and use of an ADA-compliant vehicle is needed to implement or continue their transportation services under the program. VA is also proposing to add VA's definition of "highly rural" and to increase the amount authorized to be appropriated under the law without fiscal year limitation. Lastly, VA proposes to increase the amount of money to be authorized to be appropriated to carry out this program and to make the authorization permanent.

**20. Increasing Pharmacist Executive Special Pay Limitation:** VA is proposing a modification to 38 U.S.C. § 7410(b) to increase the maximum amount of pharmacist executive special incentive pay that may be available to some VA Pharmacist Executives from \$40,000 to \$75,000.

**21. Increasing the Expenditure Cap to Provide Non-Institutional Care Alternatives to Nursing Home Care:** This legislative proposal will amend 38 U.S.C. § 1720C(d). Under the current statute, the total cost of non-institutional care (NIC) for a Veteran may not exceed 65 percent of the cost for nursing home care. This proposal replaces the current cap of 65 percent with a 100 percent cap.

**22. Leveraging All VA Clinical Assets Through Telehealth (COVID-19):** The proposed amendments would expand the definition of Covered Health Care Professional beyond those health care professionals licensed, registered, or certified in a State to include other VA health care professionals who meet VA qualification standards. This would explicitly authorize VA health care professionals, whose health care professions do not require State licensure, registration, or certification, to participate in telehealth under the law.

**23. Making Permanent VA's Authority to Collect First Party Copayments for Hospital Care:** This proposal would amend 38 U.S.C. § 1710(f)(2)(B) to remove language pertaining nursing home care and make permanent the VA authority to collect an amount equal to \$10 for every day VA provides hospital care for a Veteran in Priority Group 8 and \$2 for a Veteran in Priority Group 7. The current authority expires September 30, 2020.

**24. Modify Special Rate Limitation:** VA continues to have significant difficulty recruiting and retaining police officers at most medical centers which negatively impacts patient care. Modify 38 U.S.C. § 7455 to eliminate the maximum allowable special rate limitation (percentage supplement) for all eligible title 38 professionals, hybrids, healthcare occupations, and VA Police Officers.

**25. Nurse Executive Special Pay:** VA is seeking to modify 38 U.S.C. § 7452(g)(1). This modification will give the VA Secretary the authority to designate to the Under Secretary for VHA the authority to pay special pay to an individual of VHA who is a nurse executive. This amendment will also authorize the Under Secretary for VHA to administratively define which VHA nursing positions may receive nurse executive special pay. VA is proposing to modify the language in 38 U.S.C. § 7452(g)(1) for nurse executives to be similar to that found in a similar pay authority, special incentive pay for pharmacist executives in 38 U.S.C. § 7410(b). Pursuant to section 7410(b), the Secretary may authorize the Under Secretary to pay special incentive pay to a VHA pharmacist executive. This allows VHA to define administratively which positions are considered pharmacist executives.

**26. Amendment of Pay Cap for Registered Pharmacists in Grades 15 and 14:** VA proposed the EX-IV annual salary limitation (\$170,800 in 2020) for pharmacist leaders be changed to EX-I, at \$219,200 in 2020, for GS-15 pharmacists and EX-II, at \$197,300 in 2020, for GS-14 pharmacists. Under the authority of 38 U.S.C. § 7455, the Secretary of the VA is authorized to establish increases in the rates of basic pay in order to provide pay in an amount competitive with, but not exceeding, the amount of the same type paid at non-Federal facilities in the same labor market.

**27. Reauthorization Veteran Administration Dental Insurance Program (VADIP):** Make permanent the authority provided under 38 U.S.C. 1712C. Permanent authority would allow VA to continue providing premium-based dental insurance coverage through which Veterans enrolled in VA health care under 38 U.S.C. 1705 in accordance with 38 CFR 17.36, and any survivor or dependent of a Veteran who is eligible for medical care under 38 U.S.C. 1781 and 38 CFR 17.271, may choose to obtain dental insurance from a participating insurer. Enrollment in VA Dental Insurance Program does not affect the eligibility of the insured for outpatient dental services and treatment, and related dental appliances under 38 U.S.C. 1712.

**28. Reimbursement of Continuing Professional/Medical Education for all full-time Board-Certified Physician Assistants (PA):** Amend 38 U.S.C. § 7411 to include the authority to reimburse continuing professional education requirements for full-time board-certified PAs. Proposed legislative authority would extend the current non-discretionary continuing education funding provided to physicians in the amount of \$1,000/year/physician to PAs.

**29. Reimbursement of Continuing Professional Education (CPE) for Board Certified Advanced Practice Registered Nurses (APRNs):** Amend 38 U.S.C. § 7411 to include the authority to reimburse continuing professional education requirements for full-time Board certified APRNs. Proposed legislative authority would extend to APRNs the current non-discretionary continuing education funding that is currently provided to physicians and dentists in the amount of \$1,000/year/physician.

**30. Removal of Special Need Grant Authority:** VA proposes that the authority to carry out the special need grant program under 38 U.S.C. § 2061 be removed. (Public Law 115-251, sec. 146, Department of Veterans Affairs Expiring Authority Act of 2018, last extended the authorization for appropriations for this law through FY 2020.) As required by the statute, the Grant and Per Diem (GPD) office started the special need program in 2004. However, due to tremendous advancements in the field, the need to encourage development of special needs programs for these populations has now come to an end for the following reasons.

**31. Services for Seriously Mentally Ill Veterans, Including Homeless Veterans:** 38 U.S.C. § 2031 (a) allows the Health Care for Homeless Veterans (HCHV) program to provide, directly or in conjunction with a governmental or other entity, outreach services; care, treatment, and rehabilitative services (directly or by contract in community-based treatment facilities, including halfway houses) and therapeutic transitional housing assistance under 38 U.S.C. § 2032, in conjunction with work therapy under 38 U.S.C. § 1718(a) or (b) and outpatient care to seriously mentally ill and homeless Veterans. Pursuant to section 2031(b), this authority expires on September 30, 2020. It is recommended that this authority be considered for permanent authority given its long-standing as an essential VHA homeless program and its continuous, positive outcomes for service delivery to homeless Veterans. If permanent authority is not granted, a five year minimum renewal is being requested.

**32. Third Party Payer Enforcement Provision:** The proposed legislation would allow the VA to assess fines against third party payers for non-compliance with the statutory and regulatory provisions relative to VA collections from third party payers. The legislation should allow the VA to collect annual assessments against payers for repeat offenses. In addition, when the payer is contacted numerous times within a year for repeated infractions of VA collection rules, there would be an additional assessment per occurrence

with an annual maximum assessment. These fees would be identified via regulations to ensure they reflect current operations when the proposed legislation is implemented.

**33. Transportation of Individuals to and From Department of Veterans Affairs Facilities:** VA proposes legislation to make permanent the authority or at minimum a 5 year extension of authority in 38 U.S.C. § 111A(a)(1) for VA to transport any person to or from a VA facility or other place in connection with certain services and treatment. This authority was enacted in January 2013 in section 202 of Public Law 112-260, Dignified Burial and Other Veterans' Benefits Improvement Act of 2012. The law provides an expiration date of one year after date of enactment, which was codified into statute at 38 U.S.C. § 111A(a)(2). The authority has been extended to December 31, 2014, by section 6 of Public Law 113-59, to December 31, 2015, by section 401 of Public Law 113-175, to December 31, 2016 by section 401 of Public Law 114-58, to December 31, 2017 by section 401 of Public Law 114-228, to September 30, 2019 by section 401 of Public Law 115-62, and to September 30, 2020 by section 161 of Public Law 115-251.

**34. Update Definition of Medical Care Collections Fund:** VA is a participating provider with TRICARE managed care contractors. When a TRICARE beneficiary elects to receive services through a VA Facility, VA is eligible to bill TRICARE and receive reimbursement for such services. This proposal will consolidate third party payer collections, including TRICARE, into a single fund which will allow for greater efficiency in the collection process. Create authority for CHAMPVA, TRICARE, False Claims Act collections, as well as collections resulting from administrative processes such as investigations and audits, to be deposited into the Medical Care Collections Fund (MCCF) under 38 U.S.C. § 1729A.

**35. Waiver of 24-Month Requirement under 38 U.S.C. 1725 for Recently Enrolled Veterans:** 38 U.S.C § 1725(b)(2) requires that in order to be reimbursed for non-VA emergency treatment of a non-service-connected condition, Veterans must be enrolled in VA health care, section 1725(b)(2)(A), and have received VA care within the 24 months preceding the emergency treatment, section 1725(b)(2)(B). VA proposes to add a new subsection (C) to exempt from the 24-month requirement recently enrolled Veterans who have scheduled but are still waiting for an initial VA appointment and cannot satisfy the 24-month requirement for that reason.

**36. VA Payment for Medical Foster Home:** This proposal would require VA to include in the program of extended care services the provision of care in medical foster homes (MFH) for Veterans for whom VA is required to provide nursing home care. MFHs provide an alternative to long-stay nursing home (NH) care at a much lower cost. The program has already proven to be safe, preferable to Veterans, highly Veteran-centric, and half the cost to VA compared to NH care. This proposal would require VA to include MFH in the program of extended care services for the provision of care in MFH for Veterans who would otherwise encumber VA with the higher cost of care in NHs.

**37. Acceptance of VA as a Participating Provider by Third Party Payers:** For purposes of reimbursement, this legislation would ensure that VA claims to recover reasonable charges for VA treatment of non-service-connected conditions are not denied or reduced by a third-party payer based on the absence of a participating provider agreement, or other contractual agreement, between VA and the third-party payer. VA would be exempt from any benefit plan or third party payer requirements for referrals, primary care provider selection, pre-authorizations, notifications or similar requirements, thus preventing the effect of excluding coverage or limiting payment of charges for VA care.

**38. Collection of Other Health Information:** VA is authorized to bill and collect from third-party health plan contracts OHI for the Veteran's non-service-connected care when VA has furnished or paid for such care on the Veterans behalf. Dollars collected from OHI is utilized by VA to supplement funding for Veteran health care services. This proposal creates an enforcement mechanism for Veterans who fail to provide third-party health plan coverage information and any other information necessary to VA for the

purpose of billing and collecting from the third-party payer. Veterans would not incur any financial burden from providing VA with OHI information. Mandating Veterans provide OHI information will increase collections from third-party payers, offsetting VHA expenditures for care.

**39. Eliminate Reduction of First Party Copayments with Third Party Payments:** Amend 38 U.S.C. § 1729 to provide statutory authority to discontinue reducing the first party copayment due from Veterans for non-service-connected care from funds collected from third-party health plan carriers. This proposal would align VA with the private sector health plan carriers by eliminating the practice of reducing VA first party copayments with collection recoveries from third party health plans.

### **Compensation and Pension – Proposed Legislation**

**40. Allow for Electronic Decision Notification and Other Communications:** This proposal seeks to amend 38 U.S.C. §§ 5100, 5104B, and 7105 to specifically allow for electronic notification of benefit decisions and other communications in the course of adjudicating claims.

**41. Allow the Department of Veterans Affairs (VA) Contractors and Vendors Access to Federal Tax Return Information for Purposes of Assisting in the Administration of Certain VA Benefit Programs and Maintaining the Systems that VA Uses to Administer These Programs:** VA seeks to amend 26 U.S.C. § 6103(l)(7)(D)(viii) in order to allow VA contractors and vendors access to tax return information that is disclosed to VA pursuant to 26 U.S.C. § 6103(l)(7)(D)(viii). This authority would be similar to 26 U.S.C. § 6103(l)(19)–(21) (relating to administration of the Medicare, Medicaid, and other Health and Human Services benefit programs), which authorize disclosure of such information to “contractors of the Department of Health and Human Services” or “contractors of the Social Security Administration.”

**42. Extend the Authority for Operations of the Manila VA Regional Office:** This proposal seeks to extend the authority currently provided by 38 U.S.C. § 315(b) to maintain the operations of the Manila RO from September 30, 2020, to December 31, 2025.

### **Readjustment Benefits – Proposed Legislation**

**43. Reallocation of State Approving Agency (SAA) funds:** Amend 38 U.S.C. § 3674 to include the provision/option to reallocate to VA a portion of the fiscal year funding authorization available to SAAs when VA is not contracting with an agency in the state to perform the duties of title 38. This amendment would provide the option to utilize funding for contract support, as well as assist in supporting the designated VA employee in fulfilling the role of the SAA.

**44. Update the Nomenclature Used in Chapter 31:** Amend every instance in title 38 of the United States Code (U.S.C.) Chapter 31 and 38 U.S.C. § 4211 to replace the term “employment handicap” with “employment barrier” and the term “serious employment handicap” with “serious employment barrier” while leaving the definitions unchanged.

### **Burial Benefits – Proposed Legislation**

**45. Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development:** Authorize the permanent transfer of land jurisdiction from the Department of the Interior, Bureau of Land Management (BLM), to VA for use as national cemeteries under 38 U.S.C. Chapter 24. This proposal would assist in obtaining additional land for the specific purpose of expanding current national cemeteries or establishing new burial facilities.

**46. Establishment of Green Burial Sections in VA National Cemeteries:** Amend 38 U.S.C. § 2404 to allow the Secretary of the VA to designate sections in national cemeteries as green burial sections. Because green burial sections are intended to visually reflect the geographic setting in which they are located, the current statutorily-required upright headstones may be incongruous with the design of these sections and the intent of those who choose to have their loved ones interred within them. The National Cemetery Administration (NCA) seeks to allow the Secretary to define an appropriate method for marking gravesites in green burial sections that would not visually impair the natural setting.

**47. Land Conveyance from Department of Defense (DoD) to VA for expansion of Fort Bliss National Cemetery:** Authorize conveyance of approximately two acres of land from DoD to VA for use as a national cemetery under 38 U.S.C. Chapter 24. VA has favorably discussed the conveyance with leadership at Fort Bliss Military Installation, and the U.S. Army Corp of Engineers (USACE) Office of Counsel, which advised VA to pursue special legislation via the National Defense Authorization Act (NDAA). Upon enactment of the authority, USACE will execute the land transfer on behalf of Fort Bliss.

**48. Prohibiting Interment of Individuals Who Are Found to Have Committed a Tier III Sex Offense under State Law but Avoided Conviction due to Death or Flight to Avoid Prosecution:** Amend 38 U.S.C. § 2411 to prohibit interment or memorialization in a National, State or tribal Veterans' cemetery of a person who is found to have committed a tier III sex offense under State law but avoided conviction due to death or flight to avoid prosecution. NCA submits this proposal for consideration to ensure a person who is found to have committed a tier III sex offense under State law, but avoided conviction due to death or flight to avoid prosecution, is barred from interment or memorialization in a VA National cemetery, State or tribal Veterans' cemetery, or in Arlington National Cemetery.

**49. Transfer Jurisdiction of Land from Department of Interior to VA for Elko (NV) National Veterans Burial Ground:** Authorize the transfer of jurisdiction of land from the Department of the Interior, Bureau of Land Management (BLM), to VA for use as a national cemetery under 38 U.S.C. Chapter 24. NCA submits this proposal for consideration to establish a burial option for Veterans and their dependents in Elko, Nevada.

**50. Use of VA Nonprofit Research and Education Corporations (NPCs) to support the Veterans Legacy Program:** Amend chapter 24 and chapter 73 of title 38 United States Code (U.S.C.) to allow VA NPCs to provide administrative support to the NCA Veterans Legacy Program. NCA is proposing to amend the current authority for the NPCs, at 38 U.S.C. § 7361 et. seq., by adding a provision allowing an NPC established under that authority to support VLP activities.

### **Other Legislative Proposals**

**51. Establish an Exception to the Restricted Position Hiring Requirements:** The proposal would establish an exception to the hiring requirements under 5 U.S.C. § 3310 for Housekeeping Aides in VA. Excepting VA from this restriction will expedite recruitment and hiring processes for Housekeeping Aides, especially within the VHA. Under 5 U.S.C. § 3310, competitive examinations for the positions of custodian, elevator operator, guard, and messenger (referred in statute as restricted positions) are restricted to preference eligibles if a preference eligible candidate is available. The Wage Grade (WG)-3566, Housekeeping Aide, positions fall under the category of "custodian," and therefore, are considered restricted positions.

**52. Realign Alternative Dispute Resolution function within the Office of Human Resources and Administration:** VA proposes to realign the Alternative Dispute Resolution function and associated resources currently under the Office of Resolution Management to the Office of Human Resources and Administration in order to create efficiencies and strengthen current practices and policies consistent with

prevailing best government practices as cited by the Equal Employment Opportunity Commission (EEOC) in Chapter 3 of its Management Directive 110 ( MD110). Requests a change to recurring section 210 of the Appropriations Act Administrative Provisions in the FY 2022 President’s Budget Request to consolidate \$64,946,000 in the reimbursements ceiling for the renamed Office of Resolution Management, Diversity & Inclusion.

**53. Other Transaction Authority (OTA) for the Department of Veterans Affairs:** The purpose of this legislative request is to provide VA with the authorization, on a pilot basis, to enter into funding transactions other than contracts, cooperative agreements, and grants under OTA. Although authority to enter into other transactions has been in place since 1958 when National Aeronautics and Space Administration (NASA) was granted this authority via the Space Act, a formal definition for “other transactions” has not been formalized in statute or implementing regulations. Other transactions have been characterized by what they are not, namely contracts, cooperative agreements, or grants.

**54. Reinstatement of Penalty for Certain Acts:** This proposal seeks to address a gap that currently exists in the statutory language governing the conduct of individuals who provide assistance with claims for VA benefits. It would create a single, national standard to serve as a general deterrent against bad actors and would allow for more meaningful enforcement against unaccredited individuals that are currently not subject to any Federal punishment for violations of VA law.

**55. Removal of Authority to Accredite Individuals as Claims Agents:** Amend chapter 59 of title 38, United States Code, to remove any reference to agents or claims agents, such that individuals could no longer become accredited as claims agents for purposes of preparing, presenting, or prosecuting claims for VA benefits. The Office of the general Council is pursuing this legislative proposal to remove the option for individuals to pursue VA accreditation as agents. VA is required to utilize a disproportionate amount of resources on the accreditation of claims agents compared to other types of accredited individuals. This includes resources expended monitoring their conduct, given that claims agents are far more likely to be the subject of complaints, and on initial accreditation determinations.

**56. Allow Acceptance of Debt Waivers for up to 360 days for Overpayments:** This proposal seeks to amend 38 U.S.C. §§ 5100, 5104B, and 7105 to specifically allow for electronic notification of benefit decisions and other communications in the course of adjudicating claims.

**57. Authority to Plan, Design, Construct, or Lease Joint VA/DoD Shared Medical Facilities; and to Transfer and Receive Funds for Those Purposes:** VA proposes legislation (described in VA’s FY 2021 Budget Submission) that would expand our capacity to do more detailed planning and design, leasing, and construction of joint facilities in an integrated manner. This change would allow VA to build extra capacity into its construction projects to meet the needs of the Department of Defense (DoD). VA does not currently have authority to do this.

**58. Changing Major Medical Lease Authorization Process and Prospectus Threshold:** Requesting VA Major Medical leases no longer be subject to a public law for authorization and instead be approved by the appropriate Committee Resolution; additionally, requesting that VA’s annual rent threshold for major leases be consistent with General Service Administration (GSA’s) annual rent threshold. This change in legislation would change the current threshold to be consistent with GSA’s threshold.

**59. CHIP IN Authority Extension and Funding Change:** VA is requesting a 5-year extension of the authority beyond the current expiration of 2021. The Act states that the authority shall terminate 5 years after the date of enactment which was December 16, 2016. VA is also requesting a change to the authority to allow for the use of funds for a CHIP IN project that are not appropriated to a specific project or facility.

This change would also permit the use of minor construction and medical facility funds if appropriate to do so.

**60. Eliminate Requirement for Quarterly Conference Reporting:** Currently, VA is required to submit a quarterly report on “covered conferences” to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives. This report includes the final costs of each covered conference during the fiscal quarter preceding the date on which the report is submitted. “Covered conferences” include conferences, meetings, or similar forums that are sponsored or co-sponsored by VA and are attended by 50 or more individuals (including one or more VA employees), or are estimated to cost VA at least \$20,000 regardless of the number of attendees.

**61. Modify 38 U.S.C. § 5315(a) to Clarify SECVA Authority on Interest and Administrative Costs Charged on Delinquent Debts:** The majority of compensation and pension debts are from modifications or adjustments made to running awards. VBA financial systems are not equipped to automatically charge interest and administrative costs for debts and VBA is not funded to update their systems to administer this debt. This proposal amends 38 U.S.C. § 5315(a) of title 38, by changing the words “shall be charged, under regulations which the Secretary shall prescribe” to “may be charged, under regulations which the Secretary shall prescribe” to clarify the Department of Veterans Affairs (VA) authority when addressing interest and administrative costs charged on delinquent debts.

**62. Veterans Affairs Amendment of Enhanced-Use Lease Authority (EUL) Program Extension:** This change to 38 U.S.C. § 8169 withdraws the sunset provision, which would allow the EUL program to continue indefinitely. VA has had the EUL authority since 1991 and continues to demonstrate that the program is an integral part of effectively managing VA’s real property portfolio.

**63. Flexibility in Using Fees Collected for Identification Cards from the Veterans Identification Card Act 2015, 38 U.S.C. § 5706:** The current law requires the Secretary of the VA to issue a Veteran identification card to authorized Veterans and charge a fee to each recipient of the identification card. Section 257 of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018 (Public Law 115-141), Congress prohibited VA from charging fees to Veterans for identification cards in fiscal year 2018 pursuant to 38 U.S.C. § 5706(c). See text below. This proposal amends the restrictions on the amounts collected requirement to allow spending of funds received from charging Veterans for the Veteran ID Card (VIC) in the same or following fiscal year.

**64. Establishing Customer Experience as a Permanent Capability in VA through a Veterans Experience Office:** This proposed legislation establishes, by statute, The Veterans Experience Office (VEO) within VA. Codifies VA’s organizational commitment to customer experience as a core business discipline now and in the future, irrespective of administration by establishing the Veterans Experience Office (VEO) within chapter 3 of title 38 of the United States Code (U.S.C.).



## Total Legislative Proposal Summary Table

### VHA details Costs/(Savings)

Count	Legislative Proposal Title (\$ in thousands)	Office/admin	2022	Five Year Total (2022-2026)	Ten Year Total (2022-2031)
1	Additional Services for Veterans with Severe Mental Illness	VHA	0	0	0
2	Advanced Medical Directives of Veterans	VHA	0	0	0
3	Aggregate Pay Limitation for VHA	VHA	7,767	30,915	76,570
4	Amend Public Law 114-223 Sec 251: Veterans Affairs Kitchen Inspection Requirements	VHA	528	2,853	6,307
5	Amendment of Policy regarding the Pay Limitation	VHA	1,467	26,965	98,347
6	Amendments to Domiciliary Care Statutes Income Limitation	VHA	0	0	0
7	Amendments to Domiciliary Care Statutes Numerical Limit on Programs	VHA	0	0	0
8	Appointments of Unlicensed Licensed Professional Mental Health Counselors	VHA	0	0	0
9	Automobile Adaptive Equipment (AAE)	VHA	0	0	0
10	Comprehensive Dental Care	VHA	0	0	0
11	Consultation on Specific Cases for Community Providers	VHA	0	0	0
12	Establish ORD Hiring Authority	VHA	0	0	0
13	Executive Management Fellowship Program	VHA	0	0	0
14	Expand Authority to Provide Bereavement Counseling and Support	VHA	914	5,361	13,239
15	Extended Authorization of Appropriations for the Monthly Assistance Allowance for Disabled Veterans Training in Paralympic and Olympic Sports (VMAA) Program	VHA	0	0	0
16	Extending Appointments of Psychologists Pending License During a Declared National Emergency (COVID-19)	VHA	0	0	0
17	Extending Temporary Appointments of Providers Pending License, Certification or Registration During a Declared National Emergency (COVID-19)	VHA	0	0	0
18	Extension of Authority for the Adaptive Sports Grant (ASG) Program for Disabled Veterans and Disabled Members of the Armed Forces	VHA	0	0	0
19	Grants for Transportation of Highly Rural Veterans	VHA	2,000	10,000	20,000
20	Increasing Pharmacist Executive Special Pay Limitation	VHA	410	2,870	7,790
21	Increasing the Expenditure Cap to Provide Non-Institutional Care Alternatives to Nursing Home Care	VHA	0	0	0
22	Leveraging All VA Clinical Assets Through Telehealth (COVID-19)	VHA	0	0	0
23	Making Permanent VA's Authority to Collect First Party Copayments for Hospital Care	VHA	0	0	0
24	Modify Special Rate Limitation	VHA	11,654	60,036	124,768
25	Nurse Executive Special Pay	VHA	2,925	15,689	34,324
26	Pay Cap for Registered Pharmacists in Grades 15 and 14	VHA	4,716	40,809	93,414
27	Reauthorization Veteran Administration Dental Insurance Program (VADIP)	VHA	0	0	0
28	Reimbursement of CPE and CME for FT Board Certified PAs	VHA	2,551	13,015	26,696
29	Reimbursement of CPE for Board Certified APRNs	VHA	7,867	40,135	82,330
30	Removal of Special Need Grant Authority	VHA	0	0	0
31	Services for Seriously Mentally Ill Veterans, Including Homeless Veterans	VHA	0	0	0
32	Third Party Payer Enforcement Provision	VHA	0	12,527	49,754
33	Transportation of Individuals to and From Department of Veterans Affairs Facilities	VHA	0	0	0
34	Update Definition of Medical Care Collections Fund	VHA	0	0	0
35	Waiver of 24-Month Requirement under 38 U.S.C. 1725 for Recently Enrolled Veterans	VHA	3,338	18,422	41,866
36	VA Payment for Medical Foster Home	VHA	(19,172)	(179,918)	(666,893)
37	Acceptance of VA as a Participating Provider by Third Party Payers	VHA	(26,533)	(487,706)	(1,141,365)
38	Collection of Other Health Information	VHA	(7,703)	(141,588)	(331,352)
39	Eliminate Reduction of First Party Copayments with Third Party Payments	VHA	(11,853)	(203,583)	(439,990)
<b>VHA Total</b>			<b>(19,124)</b>	<b>(733,198)</b>	<b>(1,904,195)</b>

## VBA, NCA, General Administration details

Count	Legislative Proposal Title (\$ in thousands)	Office/admin	2022	Five Year Total (2022-2026)	Ten Year Total (2022-2031)
40	Allow for electronic decision notification and other communications	VBA	0	0	0
41	Allow the Department of Veterans Affairs (VA) contractors and vendors access to federal tax return information	VBA	0	0	0
42	Extend the authority for operations of the Manila VA Regional Office	VBA	0	0	0
43	Reallocation of State Approving Agency (SAA) funds	VBA	0	0	0
44	Update the Nomenclature Used in Chapter 31	VBA	0	0	0
	<b>VBA Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
45	Authority for Department of Interior to Transfer Jurisdiction of Land to VA for Cemetery Development	NCA	0	0	0
46	Establishment of Green Burial Sections in VA National Cemeteries	NCA	0	0	0
47	Land Conveyance from Department of Defense (DoD) to Department of Veterans Affairs (VA) for expansion of Fort Bliss National Cemetery	NCA	0	0	0
48	Prohibiting Interment of Individuals Who Are Found to Have Committed a Tier III Sex Offense under State Law but Avoided Conviction due to Death or Flight to Avoid Prosecution	NCA	0	0	0
49	Transfer Jurisdiction of Land from Department of Interior to VA for Elko (NV) National Veterans Burial Ground	NCA	0	0	0
50	Use of VA Nonprofit Research and Education Corporations (NPCs) to support the Veterans Legacy Program	NCA	0	0	0
	<b>NCA Total</b>		<b>0</b>	<b>0</b>	<b>0</b>
51	Establish an Exception to the Restricted Position Hiring Requirements	GenAd	0	0	0
52	Realign Alternative Dispute Resolution function within the Office of Human Resources and Administration	GenAd	0	0	0
53	Other Transaction Authority (OTA) for the Department of Veterans Affairs	GenAd	0	0	0
54	Reinstatement of Penalty for Certain Acts	GenAd	0	0	0
55	Removal of Authority to Accredite Individuals as Claims Agents	GenAd	0	0	0
56	Allow Acceptance of Debt Waivers for up to 360 days for Overpayments	GenAd	0	0	0
57	Authority to plan, design, construct, or lease joint VA/DoD shared medical facilities; and to transfer and receive funds for those purposes	GenAd	0	0	0
58	Changing Major Medical Lease Authorization Process and Prospectus Threshold	GenAd	0	0	0
59	CHIP IN Authority Extension and Funding Change	GenAd	0	0	0
60	Eliminate Requirement for Quarterly Conference Reporting	GenAd	(17)	(98)	(229)
61	Modify 38 U.S.C. §5315(a) to Clarify SECVA Authority on Interest and Administrative Costs Charged on Delinquent Debts	GenAd	0	0	0
62	Veterans Affairs Amendment of Enhanced-Use Lease Authority (EUL) Program Extension	GenAd	0	0	0
63	Flexibility in Using Fees Collected for Identification Cards from the Veterans Identification Card Act 2015, 38 U.S.C. §5706	GenAd	1,958	9,821	20,196
64	Establishing Customer Experience as a Permanent Capability in VA through a Veterans Experience Office	GenAd	0	0	0
	<b>GenAd Total</b>		<b>1,941</b>	<b>9,723</b>	<b>19,967</b>
	<b>Grand Total</b>		<b>(17,183)</b>	<b>(723,475)</b>	<b>(1,884,228)</b>



## *Legislative Authorization of Programs*

The authorizations for VA's programs are contained in title 38 of the U.S. Code. With the exception of major medical construction projects and certain leases, annual authorization by the legislative committees and the Congress is not required. However, title 38 does provide for certain multiple-year authorizations for specific purposes. The authorization of the following items is limited by title 38 in regard to the time and/or amount as indicated:

### **Compensation and Pension**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 5503(d)(7)	P.L. 101-508, § 8003(a)	P.L. 116-315, § 2013	Pension Limitations Regarding Medicaid (Medicaid Offset)	Reduction of pension to certain Medicaideligible veterans and surviving spouses receiving care in nursing homes.	10/30/2028
38 U.S.C. 1116(e)	P.L. 102-4, § 2(a)(1)	P.L. 107-103 § 201(d)(1)	Agent Orange- Presumptions of Service Connection	Presumptions of Service Connection for Diseases Associated with Exposure to Certain Herbicide Agents: Presumption of Exposure for Veterans who Served in the Republic of Vietnam	9/30/2015
38 U.S.C. 1116, (Note)	P.L. 102-4, § 3	P.L. 116-159, § 5404	Agent Orange - Agreement with National Academy of Sciences	Requires VA to contract with National Academies of Sciences for biennial review of literature on health effects of Agent Orange exposure	9/30/2022

**Compensation and Pension (continued)**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 5317(g); 26 USC 6103(l)(7)( D)(viii)	P.L. 101- 508 § 8051	P.L. 116- 315, § 2012	IRS Data Matching	Access to IRS data for purposes of verifying eligibility for pension (Use of Income Information from IRS and SSA)	9/30/2030
38 U.S.C. 503(c)	P.L. 102-83 § 2(a)	P.L. 116- 159, § 5402	Administrative Error for Equitable Relief	Required reports on dispositions of recommendations for equitable relief	12/31/2022
38 U.S.C. 5110(b)(2)	P.L. 112- 154, sec. 506	N/A	Disability Comp- Retroactive Effective Date for Fully Developed Claims	Authority for retroactive effective date for awards of disability compensation in connection with applications that are fully developed at submittal	8/6/2015

## **Readjustment Benefits**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
10 U.S.C. 1071 (Note)	P.L. 110-181 § 1631 (b)(2)	P.L. 115-251 § 126	Vocational Rehabilitation for Seriously Disabled Servicemembers	Vocational rehabilitation for certain seriously disabled servicemembers	N/A (P.L. 115-251 made this authority permanent)
38 U.S.C. 3485(a)(5)(A), (C), and (F)	P.L. 107-103	P.L. 115-48, § 201	Enhanced Work-Study Allowance	Enhanced Work Study Allowance	N/A (P.L. 115-48 made this authority permanent)

## **Housing**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 3729(b)(2)(A)(ii), (B)(ii), (C)(ii), (D)(ii)	P.L. 108-183, § 405	P.L. 116-154, § 7	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	4/6/2023
38 U.S.C. 3729(b)(2)(A)(iii), (B)(iii), (C)(iii), (D)(iii)	P.L. 108-183, § 405	P.L. 116-23, § 6(b), (c)	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	9/30/2029
38 U.S.C. 3729(b)(2)(A)(iv), (B)(iv), (C)(iv), (D)(iv)	P.L. 108-183, § 405	P.L. 116-315, § 2103	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loanfee for certain loans]	Becomes effective on 10/1/30
38 U.S.C. 2102A	P.L. 109-233, § 101(a)	P.L. 112-154, § 205(a)-(c)	SAH for Veterans Temporarily Residing w/Family	Specially-Adapted Housing Assistance (SAH) for Veterans temporarily residing with family members.	12/31/2022
38 U.S.C. 3733(a)(7)	P.L. 108-183, § 404	P.L. 116-61, § 2	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2020
38 U.S.C. 3733(a)(8)	P.L. 116-159, § 5405	P.L. 116-159, § 5405	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2025
38 U.S.C. 2108	P.L. 111-275, § 203(a)	P.L. 116-159, § 5201	SAH Assistive Technology Grant	Specially Adapted Housing Assistive Technology Grant	9/30/2022

## **Programs for Homeless Veterans**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 2044(e)(1)(H) )	P.L. 110-387 §606	P.L. 116-159 §5305	Homeless Veterans-Financial Assistance for Supportive Services (for very low income veterans in permanent housing)	Financial assistance for supportive services for very low- income veteran families in permanent housing	9/30/2022
38 U.S.C. 2061(d)(1)	P.L. 107-95 § 5(a)(1)	P.L. 116-159 §5306	Homeless Veterans-Grant Program for Homeless Veterans with Special Needs	Grant Program for Homeless Veterans with Special Needs	9/30/2022
38 U.S.C. 2021(e)(1)(F) )	P.L. 107-95 § 5(a)(1)	P.L. 116-159 §5301	Homeless Veterans-Reintegration Programs	Homeless Veterans reintegration programs	9/30/2022
38 U.S.C. 8118(a)(5)	P.L. 102-54 §9(a)	P.L. 116-159, div. E, title I, §5103	Homeless Veterans-Assistance through Real Property Transfers	Real Property Transfers for Homeless Veterans Assistance (Housing Assistance for Homeless Veterans)	9/30/2022

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 2066(d)	P.L. 107-95 § 5(a)(1)	P.L. 115-251 §147	Homeless Veterans- Advisory Committee	Advisory Committee on Homeless Veterans	9/30/2022
38 U.S.C. 2031(b)	P.L. 105-114 § 202(a)	P.L. 116-159 §5304(a)	Homeless & Seriously Ill Veterans- Treatment/Rehab	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- General treatment	9/30/2022
38 U.S.C. 2033(d)	P.L. 105-114 § 202(a)	P.L. 116-159 §5304(b)	Homeless & Mentally Ill Veterans- Additional Services	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans-Additional services at certain locations	9/30/2022
38 U.S.C. 1703, (Note)	P.L. 110-387 § 403	P.L. 114-223, Division A, § 242	Contract Care Authority for Highly Rural Veterans [Pilot Program; AKA Project ARCH]	Pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers	9/30/2017
38 U.S.C. 1710A(d)	P.L. 106-117 § 101(a)	P.L. 116-159 §5102	Nursing Home Care for Certain Service-Connected Veterans	Required nursing home care for certain service-connected veterans	9/30/2022

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1712A, (Note)	P.L. 111-163 §203	P.L. 116-159 § 5106; But see also P.L. 116-315, § 5104	Counseling in Retreat Settings [Pilot]	Pilot Program on Counseling in retreat settings for women Veterans newly separated from service in the Armed Forces	9/30/2022
38 U.S.C. 1710, (Note)	P.L. 111-163 § 307	P.L. 116-159 § 5105	Grants to VSOs for Transportation of Highly Rural Veterans	Grant program to provide innovative transportation options to veterans in highly rural areas.	9/30/2022
38 U.S.C. 1710, (Note)	P.L. 111-163 §205	P.L. 116-159 § 5104	Child Care Assistance for Certain Veterans Receiving Health Care [Pilot]	Pilot Program on assistance for Child Care for certain Veterans receiving health care	9/30/2022
38 U.S.C. 1710C, (Note)	P.L. 110-181 § 1705	P.L. 115-62 § 107	Assisted Living Services for TBI [Pilot]	Pilot program to assess the effectiveness of providing assisted living services to eligible Veterans to enhance the rehabilitation, quality of life, and community integration of such Veterans.	1/6/2018
38 U.S.C. 1712C	P.L. 111-163, sec. 510	P.L. 114-218	Dental Insurance Plans [Pilot]	Program on provision of dental insurance plans to Veterans and survivors and dependents of Veterans.	12/31/2021

## **Medical Care**

<b>Section of U.S.C. Citation</b>	<b>Public Law-Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1720G	P.L. 110-387 §101	P.L. 115-251 § 103	Family Caregivers Program	Assistance and support services for caregivers.	No Expiration Date
38 U.S.C. 111A(a)(2)	P.L. 112-260 section 202	P.L. 116-159 § 5204	Transportation of Beneficiaries	Transportation of beneficiaries to and from facilities of Department of Veterans Affairs.	9/30/2022
38 U.S.C. 7619	P.L. 113-146	P.L. 115-182	Health Professionals Educational Assistance Scholarship Program	Health Professionals Educational Assistance Scholarship Program	12/31/2033
38 U.S.C. 322(d)(4)	P.L. 110-389 § 703	P.L. 115-251 § 163	Monthly Assistance Allowance for Disabled American Veterans	Office of National Veterans Sports Programs and Special Events - Monthly Assistance Allowance	9/30/2020
38 U.S.C. 521A	P.L. 110-389 § 701-702	P.L. 115-251 § 165	Grants for Adaptive Sports Assistance Program (formerly limited to Paralympics)	VA/VHA initiatives in support of disabled Veterans and disabled Servicemembers participating in adaptive sports.	9/30/2020

## **Co-Payments and Medical Care Cost Recovery**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1710(f)(2)(B)	P.L. 111-163, section 517	P.L. 116-159 § 5101	Co-pays for Hospital and Nursing Home Care	Copayments for Hospital Care and Nursing Home Care	9/30/2020
38 U.S.C. 1729(a)(2)(E)	P.L. 111-163 §518	P.L. 115-251, §104 removed (a)(2)(E)	Medical Care Cost Recovery	Medical care cost recovery authority(Third-party Billing)	No Expiration No Expiration Date
38 U.S.C. § 1703(d)(4)	P.L. 108-422 § 601	P.L. 115-182, §101	Recovery Audits	Recovery Audits for certain contracts under 38 USC 1703	The MISSION Act did not contain continued auth. for the 1703(d)(4)

## **VA/DoD Joint Sharing Funds**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 8111(d)		P.L. 116-92, div. A, title VII, sec. 736	VA-DOD Joint Incentives for Sharing Initiatives	VA-DOD Joint Incentives for Sharing Initiatives	9/30/2023
	P.L. 111-84 § 1704, as amended	P.L. 116-283, sec. 743	VA -DoD Joint Funding for Medical Facility Demonstration Fund	VA-DoD Joint funding authority for Medical facility demonstration fund	9/30/2022

## **General Operating Expenses**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 315(b)	P.L. 102-83, § 2 (a)	P.L. 116-159, § 5203	Manila, Philippines Regional Office	Philippines Regional Office	9/30/2022
38 U.S.C. 5101, (Note)	P.L. 108-183, § 704	P.L. 115-91, Div. A, sec. 529	Contract Disability Claims	Contract medical Disability Exams - (Temporary authority for performance of medical disability examinations by contract physicians)	12/31/2018
38 U.S.C. 5317A(d); 42USC 653 (j) (11)	P.L. 110-157 § 301	P.L. 113-37, § 3	NDNH Income Verification	Authority to use National Directory of New Hires for income verification purposes for certain veteran benefits	3/29/2014
38 U.S.C. 3692(c)	P.L. 89-358, sec.	P.L. 115-48, sec. 306	Advisory Committee on Education	Advisory Committee on Education	12/31/2022
38 U.S.C. 544(e)	P.L. 103-446 § 510(a)	P.L. 115-251, sec. 166	Advisory Committee on Minority Veterans	Advisory Committee on Minority Veterans	9/30/2022

**Information Technology**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 7907	P.L. 109-461, sec. 903	P.L. 109- 461, sec. 903	VA Information Security Education Assistance Program	Provides educational assistance to IT professionals who then work for the Department.	7/31/2017

## **Construction**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 8161-8169	P.L. 102-86, Title IV, Section 401(a)	P.L. 112-154 §211(j)	Enhanced Use Leasing	Authority to lease VA property for selected Lessees to provide Supportive Housing for Veterans on a priority basis, and provide VA with negotiated monetary consideration.	12/31/2023
38 U.S.C. 3703 (Note)	P.L. 110-389, § 504(a)	P.L. 112-154, § 702(c)	Housing Loans- Temporary Increase to Maximum Guaranty Amount	Temporary Increase to Maximum Guaranty Amount	12/31/2014
38 U.S.C. 2041(c)	P.L. 102-54, § 9(a)	P.L. 114-228, § 304	Homeless Veterans Housing Assistance	Housing assistance for homeless veterans	9/30/2017
38 U.S.C. 1117(c)(2); 38 USC 1118(e)	P.L. 105-277 § 1602(a), (c)	P.L. 107-103 § 202(d)(1)	Gulf War- Presumption of Service Connection	Provisions governing creation or removal of Presumptions of service-connection for Gulf War Illness	9/30/2011
38 U.S.C. 3710(a)(12)	P.L. 109-461, § 501	N/A	Loan Guarantees for Residential Co-op	Loan Guarantees for Residential Cooperative Housing Units (Co-op loan guarantees)	12/21/2011
38 U.S.C. 1303(a)	P.L. 105-33, § 8031(b)(1)	P.L. 108-183 § 706	COLA Adjustment for DIC for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Dependency and Indemnity Compensation for Service-Connected Deaths	9/30/2013

**Construction (continued)**

<b>Section of U.S.C. Citation</b>	<b>Public Law Citation</b>	<b>Public Law Citation Most Recent Extension</b>	<b>Title</b>	<b>Description</b>	<b>Expiration Date</b>
38 U.S.C. 1104 (a)	P.L. 105-33, § 8031(a)(1)	P.L. 108-183 § 706	COLA Adjustment forComp for Service Connected Deaths	Rounding Down of Cost-of- Living Adjustments for Compensation for Service- Connected Disability or Death	9/30/2013
38 U.S.C. 3015(h) & 38 USC 3564(b)	P.L. 105-178 § 8201	P.L. 108-183 § 304	COLA Adjustment inChapters 30 & 35	Rounding down of Cost-of-Living Adjustments in chapters 30 and 35 rates through FY 2013	9/30/2013
38 U.S.C. 4100 (Note)	P.L. 112-56 § 211	N/A	Veterans Retraining Assistance Program	Authority for up to 12 months of retraining assistance for unemployed Veterans ages 35-60	3/31/2014

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## *GAO Audit Reports & OIG Summary Report*

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## ***GAO Audit Reports Introduction***

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### **Introduction**

The reports provided in the Summary Volume are those received by VA during the period of October 1, 2019 through September 30, 2020.

The reports are identified by title and are presented in GAO report number order. Each report is summarized to include the responsible organization, the actual GAO recommendations, VA's "actions taken," and budget implications, if any, are noted. The "actions taken" portion of the report follows closely from VA's comments that are represented in the draft reports that VA provides for all GAO reports. The narrative summarizes the instances where VA has incorporated GAO recommendations into current operations (e.g., where VA has employed a different approach in the budgeting process, or where specific steps have been utilized to improve forecasting results). Budget implications are presented to emphasize the need to recognize the impact of the recommendations on VA resources.

### **List of GAO Audit Reports for FY 2020**

**ENVIRONMENTAL JUSTICE:** Federal Efforts Need Better Planning, Coordination, and Methods to Assess Progress (GAO-19-543). Report provided to VA 10/16/2019.

**VA HEALTH CARE:** Additional Training Could Improve Organ Transplant Referral and Evaluation Processes (GAO-20-4). Report provided to VA 10/2/2019.

**DEPARTMENT OF VETERANS AFFAIRS:** Improved Succession Planning Would Help Address Long-Standing Workforce Problems (GAO-20-15). Report provided to VA 10/10/2019.

**VA DISABILITY COMPENSATION:** Actions Needed to Enhance Information about Veterans' Health Outcomes (GAO-20-26). Report provided to VA 1/15/2020.

**VA VOCATIONAL REHABILITATION AND EMPLOYMENT:** Additional Assessment Could Enhance Consistency among Counselors (GAO-20-28). Report provided to VA 12/10/2019.

**FEDERAL RESEARCH:** Additional Actions Needed to Improve Public Access to Research Results (GAO-20-81). Report provided to VA 11/21/2019.

VA HEALTH CARE: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities (GAO-20-83). Report provided to VA 12/11/2019. Received JLM 4/12/2021

VETERANS BENEFITS: Actions VA Could Take to Better Protect Veterans from Financial Exploitation (GAO-20-109). Report provided to VA 10/3/2019.

INFORMATION TECHNOLOGY: Agencies Need to Fully Implement Key Workforce Planning Activities (GAO-20-129). Report provided to VA 10/30/2019.

VA ACQUISITION MANAGEMENT: Steps Needed to Ensure Healthcare Federal Supply Schedules Remain Useful (GAO-20-132). Report provided to VA 2/6/2020.

TELECOMMUNICATIONS: Agencies Should Fully Implement Established Transition Planning Practices to Help Reduce Risk of Costly Delays (GAO-20-155). Report provided to VA 4/7/2020.

VA REAL PROPERTY: VHA Should Improve Activation Cost Estimates and Oversight (GAO-20-169). Report provided to VA 1/2/2020.

VA HEALTH CARE: Improved Communication about Available Data Needed to Enhance the HIV Screening Process (GAO-20-186). Report provided to VA 1/23/2020.

VA HEALTH CARE: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand (GAO-20-284). Report provided to VA 2/6/2020. Received JLM 4/12/2021

SEXUAL HARASSMENT: Inconsistent and Incomplete Policies and Information Hinder VA's Efforts to Protect Employees (GAO-20-387). Report provided to VA 7/15/2020.

MILITARY AND VETERAN SUPPORT: Performance Goals Could Strengthen Programs that Help Servicemembers Obtain Civilian Employment (GAO-20-416). Report provided to VA 7/9/2020

HOMELESS VETERANS: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures (GAO-20-428). Report provided to VA 5/14/2020.

ELECTRONIC HEALTH RECORDS: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort (GAO-20-473). Report provided to VA 6/5/2020.

VA ACQUISITION MANAGEMENT: Actions Needed to Improve Management of Medical-Surgical Prime Vendor Program and Inform Future Decisions (GAO-20-487). Report provided to VA 9/30/2020.

VA HEALTH CARE: Actions Needed to Improve Oversight of Graduate Medical Education Reimbursement (GAO-20-553). Report provided to VA 7/17/2020. Received JLM 4/12/2021

INFORMATION TECHNOLOGY: Selected Federal Agencies Need to Take Additional Actions to Reduce Contract Duplication (GAO-20-567). Report provided to VA 9/30/2020. Received JLM 4/13/2021

VA RESEARCH: Opportunities Exist to Strengthen Partnerships and Guide Decision-Making with Nonprofits and Academic Affiliates (GAO-20-570). Report provided to VA 7/29/2020.

VA POLICE: Actions Needed to Improve Data Completeness and Accuracy on Use of Force Incidents at Medical Centers (GAO-20-599). Report provided to VA 9/8/2020.

VA DISABILITY BENEFITS: VA Should Continue to Improve Access to Quality Disability Medical Exams for Veterans Living Abroad (GAO-20-620). Report provided to VA 9/21/2020.

VETERANS COMMUNITY CARE PROGRAM: Improvements Needed to Help Ensure Timely Access to Care (GAO-20-643). Report provided to VA 9/28/2020.

VA VET CENTERS: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing (GAO-20-652). Report provided to VA 9/23/2020.

VETERAN SUICIDE: VA Needs Accurate Data and Comprehensive Analyses to Better Understand On-Campus Suicides (GAO-20-664). Report provided to VA 9/9/2020.

VA HEALTH CARE: Additional Steps Could Help Improve Community Care Budget Estimates (GAO-20-669). Report provided to VA 9/30/2020.

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## *GAO Audits*

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**ENVIRONMENTAL JUSTICE: Federal Efforts Need Better Planning, Coordination, and Methods to Assess Progress;** GAO-19-543. Report provided to VA 09/16/2019.

**RESPONSIBLE OFFICE:** Office of Management

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should update the Department’s environmental justice strategic plan.
- The Secretary of Veterans Affairs should issue a progress report of the Department’s environmental justice efforts each year.

**ACTIONS TAKEN:**

- VA’s response concurred with both recommendations “pending the Environmental Protection Agency’s (EPA) guidance on what agencies should include in their plans” and “pending EPA or the Interagency Working Group (IWG) guidance on methods agencies could use to assess progress towards their environmental justice goals.” EPA issued a draft but has not yet issued finalized guidance on agency strategic plans, and neither EPA nor the IWG has issued guidance on methods agencies could use to assess progress. As such, VA has not been able to update its environmental justice strategic plan or annual progress report.

**BUDGET IMPLICATIONS:**

- None.

**DEPARTMENT OF VETERANS AFFAIRS: Improved Succession Planning Would Help Address Long-Standing Workforce Problems** (GAO-20-15). Report provided to VA 10/10/2019.

**RESPONSIBLE OFFICE:** Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP)

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should develop a department-wide succession plan for leadership and mission-critical occupations that incorporates key leading practices for succession planning. This plan could also be incorporated into VA's existing strategic workforce planning processes.
- The Secretary of Veterans Affairs should update VA's 2003 directive on workforce and succession planning to incorporate relevant legal requirements, including OPM strategic human capital management regulation requirements.

## **ACTIONS TAKEN:**

- The internal review and concurrence process of the Draft VA Handbook 5002, Strategic Workforce and Succession Planning was completed on February 9, 2021.

Prior to internal review, part V. Succession Planning Guidance Procedures of the handbook was developed with a workgroup led by the Office of the Chief Human Capital Officer and included representatives from VA administrations and staff offices, including VHA, VBA, OIT, and NCA. The workgroup collaborated on the identification and development of succession planning practices and procedures for leadership and mission critical occupations. The workgroup concluded on December 2, 2020 with key stakeholder support.

The handbook requires concurrence from all VA administrations and staff offices. Before being published, the Office of Enterprise Integration and Office of General Counsel must concur. The expected publication date is August 30, 2021.

- The succession plan for leadership occupations which will be referenced in VA Handbook 5002 is being developed by the Talent Management and Succession Planning Working Group (TMSPWG) chartered by VA's Executive Resources Board (ERB) in collaboration with the Corporate Senior Executive Management Office and Human Capital Services Center.
- On December 9, 2020, the ERB discussed the development of pilot that will leverage VA's Talent Management System and provide a cohort of executives and their supervisors with succession management capabilities. The pilot planning and coordination will begin in April 2021.
- VA Directive 5002, Strategic Workforce and Succession Planning received concurrence from all VA administrations and staff offices. Before being published, the Office of Enterprise Integration and Office of General Counsel must concur. These approvals are pending. Also, VA is required to notify national labor organizations before publishing the Directive. Based on the steps that remain, VA expects a publication date by May 31, 2021.

## **BUDGET IMPLICATIONS:**

- The VA Directive 5002, Strategic Workforce and Succession Planning will not require any additional FTE to produce.
- The VA Succession Plan will be an integrated effort with the workforce planning efforts of the VA, across all administrations, and will not require additional FTE. Duties will be shifted within the OCHCO to meet the requirements set forth in the directive.

**Department of Veterans Affairs: Improved Succession Planning Would Help Address Long-Standing Workforce Problems;** GAO-20-15. Report provided to VA 10/10/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health Should incorporate key leading practice into VHA's succession planning processes, including monitoring, and evaluating VHA's succession planning.

**ACTIONS TAKEN:** VHA, in coordination with VACO partners, developed a directive to institute succession planning for mission critical leadership positions, and to guide succession planning annual reviews of VA/VHA executive and senior leader talent. Based on best practices and aligned to talent management experience in building VHA medical center executive pipelines, VHA created a succession planning primer/toolkit for use at the VHA medical center level. VHA piloted a career aspiration survey with VHA medical center and Veterans Integrated Service Network leadership teams. VHA used the data to assist senior leaders with identifying talent for the annual Medical Center Director and Chief of Staff Talent Review Processes. VHA incorporated metrics into its leadership succession planning process and diversify its executive leadership talent pools by analyzing career migration patterns of applicants and graduates from its leadership development programs, leveraging career aspiration survey results from diverse employee populations, and tracking national announcement outcomes.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**DEPARTMENT OF VETERANS AFFAIRS: Improved Succession Planning Would Help Address Long-Standing Workforce Problems** (GAO-20-15). Report provided to VA 10/10/2019.

**RESPONSIBLE OFFICES:** Office of Human Resources and Administration  
Veterans Health Administration  
Veterans Benefits Administration

## RECOMMENDATIONS:

- The Secretary of Veterans Affairs should develop a department-wide succession plan for leadership and mission-critical occupations that incorporates key leading practices for succession planning.
- The Under Secretary for Health should incorporate key leading practices into VHA's succession planning processes, including monitoring, and evaluating VHA's succession planning.
- The Under Secretary for Benefits should develop a succession planning process for all leadership positions and incorporate key leading practices into VBA's succession planning for leadership positions and mission-critical occupations. These practices include aligning the plans with strategic goals, identifying strategies to close workforce gaps, and monitoring and evaluating VBA's succession planning.
- The Secretary of Veterans Affairs should update VA's 2003 directive on workforce and succession planning to incorporate relevant legal requirements, including OPM strategic human capital management regulation requirements.

## ACTIONS TAKEN:

- **Recommendation 1:** VBA defers to VA HR&A.
- **Recommendation 2:** VBA defers to VHA.
- **Recommendation 3:** In Process. VBA completed the FY 2020 VBA Strategic Workforce Plan refresh in April 2020. The plan clearly states its link to the strategic goals and includes strategies for mitigating attrition and provides detailed recruitment and retention strategies for mitigating attrition. In addition, in November 2020, VBA developed and completed the FY 2021-FY 2025 VBA Succession Plan that identifies the GS-13 through GS-15 leadership populations within the mission-critical occupations. The plan identifies the steps needed to ensure a talent pool of employees is consistently available to maintain continuity of institutional knowledge and aligns the human capital management practices for these populations with the relevant organizational strategic objectives. The Senior Executive Service (SES) populations are managed and serviced at the Department level by VA's Corporate Senior Executive Management Office (CSEMO). CSEMO is developing, in coordination with the Veterans Health Administration, VBA, and the National Cemetery Administration, a talent management and succession management policy for executive-level positions to include SES employees. In addition, CSEMO will compile information across the VA enterprise to establish a pipeline of individuals who could potentially fill critical executive-level positions through reassignments and/or competitive recruitments.
- **Recommendation 4:** VBA defers to VA HR&A.

## BUDGET IMPLICATIONS: None

**VA DISABILITY COMPENSATION: Actions Needed to Enhance Information about Veterans' Health Outcomes** (GAO-20-26). Report provided to VA 1/15/2020.

**RESPONSIBLE OFFICE:** Office of Enterprise Integration  
Veterans Benefits Administration

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the Office of Enterprise Integration develops a plan – including milestones and roles and responsibilities of OEI, VBA and VHA – to address identified challenges that have hindered research on the health care outcomes for service-connected conditions of veterans receiving disability compensation. To align VA's efforts with the goals of its 2018-2024 Strategic Plan, VA's development of this plan should be completed and ready for implementation by June 1, 2020.
- The Under Secretary for Benefits should develop and implement a periodic analysis of program management data on trends regarding the individual service-connected conditions being reevaluated as well as data on the outcomes of reevaluations.
- The Under Secretary for Benefits should implement the two recommendations in VBA's May 2018 Consistency Study to provide training on how to determine when a reevaluation is needed and review reevaluation decisions for accuracy at the lowest-scoring offices and take corrective action as needed.
- The Under Secretary for Benefits should clarify guidance in its procedure's manual regarding the knowledge, skills, and abilities needed to make decisions whether to reevaluate veterans for changes in their service-connected conditions.
- The Under Secretary for Benefits should align training requirements with the knowledge, skills, and abilities needed for reviewing claims to decide whether to conduct a reevaluation.

**ACTIONS TAKEN:**

- **Recommendation 1:** VBA defers to VA Office of Enterprise Integration
- **Recommendation 2:** In process. VBA continues to review the data trends from the past 12 months and develop a Tableau Dashboard report to analyze trends regarding the reevaluation of individual service-connected conditions. VBA is also working to establish a process for scheduling a periodic analysis of the trends relating to which medical conditions are identified for reevaluation and increase awareness of the outcomes or results of these reevaluations. Target completion date: May 31, 2021.
- **Recommendation 3:** In process. VBA is conducting a targeted review to assess the quality of routine future examinations (RFE) focusing specifically on the five regional offices with the lowest RFE accuracy scores. Once VBA has completed a trends and error root cause analysis of the data from this review, it will determine if any additional training is needed for its claim processors. Target completion date: 5/31/21.

- **Recommendation 4:** In process. VA agreed with this recommendation in principle, acknowledging the importance of having appropriately skilled and trained employees to process reevaluations and other claims. However, the procedures outlined in its manual accurately describe the steps necessary for claims adjudicators to make the decision whether to reevaluate veterans for changes in their service-connected conditions. Furthermore, regional office management ensures compliance with the procedures through the quality assurance program and makes the decision about which claims processors are best suited to perform the work. Nevertheless, VBA completed a targeted product 310 routine future exam review in October and November 2020. The review showed an 84.65% accuracy rate for routine future exams ordered by VSR. VBA will address the results and deficiencies found in the routine future exams targeted review during the monthly call in March with Veteran Service Center Managers. VBA will also discuss the deficiencies found in a two-part series on the March/April quality calls with field processors. Target completion date: 5/31/21.
- **Recommendation 5:** In process. VBA completed a targeted product 310 routine future exam review in October and November 2020. The purpose of the review was to analyze the routing future exam process more accurately based on who the regional offices have performing this work. The results of this targeted review showed an 84.65% accuracy rate for VSR and a 62.96% accuracy rate for RVSR when ordering routine future exams. VBA will address the results and deficiencies found in the routine future exams targeted review during the monthly call in March with Veteran Service Center Managers. VBA will also discuss the deficiencies found in a two-part series on the March/April quality calls with field processors. Target completion date: 5/31/21.

**BUDGET IMPLICATIONS:** None

**VA VOCATIONAL REHABILITATION AND EMPLOYMENT: Additional Assessment Could Enhance Consistency among Counselors** (GAO-20-28). Report provided to VA 12/10/2019.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration

**RECOMMENDATIONS:**

- The Secretary of VA should ensure that the Director of VR&E assesses the consistency of VR&E plans among counselors, then takes mitigating steps if results warrant. For example, as part of its training efforts, VA could have counselors respond to identical hypothetical veteran's cases, and if unfair, inconsistent plans result, the agency could enhance training on plan development.

**ACTIONS TAKEN:**

- **Recommendation 1:** Completed. VBA agreed with the recommendation to assess consistency of VR&E plans among counselors. However, it also noted that no two Veterans are the same. Plans are individualized for each Veteran. Veterans who, on the surface, appear to be similarly situated may have different abilities, aptitudes, interests, and transferable skills. Additionally, Veterans with the same rating for the same disability may experience different effects from the disability. Nevertheless, VBA's VR&E Service conducted a consistency study between February and March 2020, and identified two areas that warranted refresher training:
  - 1) Documenting the entitlement determination with emphasis on clearly noting each decision and determining a Serious Employment Handicap, and
  - 2) Developing rehabilitation plans with emphasis on clearly identifying a program goal, writing clear objectives to reach the program goal, clearly identifying the services to be provided, and focusing on suitable employment as opposed to entry-level employment.VR&E Service provided training on Entitlement Determination Documentation and Plan Development to the field in four live training sessions on October 6 and 7, 2020. The training was also recorded, uploaded to the Talent Management System (TMS), and assigned to anyone who did not attend the live session. TMS reports showed 100% compliance.

**BUDGET IMPLICATIONS:** None

**Federal Research: Additional Actions Needed to Improve Public Access to Research Results;** GAO-20-81. Report provided to VA 11/21/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should take steps to ensure appropriate agency-funded research data are readily findable and accessible to the public.

**ACTIONS TAKEN:** The Assistant Undersecretary for Health, Discovery, Education and Affiliate Networks (DEAN) worked with the Office of Information Technology (OIT) to secure IT funding for two projects that support GAO Report 20-81, Federal Research: Additional Actions Needed to Improve Public Access to Research Results. These requests have been submitted for the FY23-27 Multi-Year Planning cycle (MYP), they were also submitted in FY19, FY20, FY21 and FY22 multi-year planning cycles and received no funding due to IT budget constraints. In addition, DEAN has submitted these requests for Unfunded Request (UFR) funding in FY21.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Veterans Affairs should evaluate training needs for agency officials or others involved reviewing the merits of researchers' DMPs and, if additional training is found to be warranted, develop, and provide such training.

**ACTIONS TAKEN:** The Office of Research and Development (ORD) completed a review of training needs in November 2019. This review involved ORD scientific review personnel's understanding of VA policies and standards related to Data Management Plans (DMP). During this review process staff shared information on DMP review processes and standards obtained from the National Institutes of Health, guidance published by the National Institute for Standards and Technology (NIST) on review of DMPs (NIST G 5701.0), and various scientific publications on the topic. Based on these activities, no additional training was found to be warranted.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Veterans Affairs should fully develop and implement a mechanism to ensure researcher compliance with their public access plan and associated requirements.

**ACTIONS TAKEN:** VHA committed to the principles and practice of Open Science for funded research activities. Given this commitment, ORD established mechanisms for ensuring compliance with its public access plans, to include requirements for providing DMP and registration of funded clinical trials in Clinicaltrials.gov.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VA HEALTH CARE: Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities;** GAO-20-83. Report provided to VA 12/11/2019.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should ensure that any action plan for achieving health equity includes key elements for successful implementation by consistently applying criteria identified in GAO's past work on effectively managing performance, including developing performance measures to assess progress and creating clear lines of accountability by designating specific offices or officials with responsibility for coordinating efforts to implement actions and committing resources necessary for achieving its goals and objectives. (VHA Office of Health Equity).

**ACTIONS TAKEN:** The VHA Office of Health Equity (OHE) developed an FY 2020 health equity operational plan with performance measures and clear lines of accountability. In October 2020, the VA-wide Health Equity Coalition reviewed the accomplishments of OHE and concluded that all FY 2020 goals had been achieved. OHE also developed an FY 2021 health equity operational plan with new performance measures and clear lines of accountability.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- To ensure the reliability of information on health care outcomes by race and ethnicity throughout the VA health care system, the Secretary of Veterans Affairs should conduct an assessment to determine the completeness and accuracy of race and ethnicity data captured in VA's electronic health record and implement corrective actions as necessary to resolve any identified deficiencies. (VHA Office of Health Equity).

**ACTIONS TAKEN:** The OHE and VHA Health Services Research and Development initiated an assessment to determine the completeness and accuracy of race and ethnicity data captured in VA's electronic health record.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VETERANS BENEFITS: Actions VA Could Take to Better Protect Veterans from Financial Exploitation** (GAO-20-109). Report provided to VA 10/3/2019.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration

**RECOMMENDATIONS:**

- The Under Secretary for Benefits should systematically solicit and collect information on potential financial exploitation from VA's PMCs and other relevant VA components, including OGC, and assess this information to inform plans to address the potential exploitation of veterans receiving pension benefits. Such plans could also address the broader population of veterans with disabilities.
- The Under Secretary for Benefits should place additional warnings on paper and electronic documents, including on benefit applications, regarding fees which veterans cannot be charged.
- The Under Secretary for Benefits should clarify guidance to claims processors regarding the definition and examples of questionable medical expenses in pension claims.
- The Under Secretary for Benefits should explore the costs and benefits of additional steps claims processors could take to verify that the direct deposit information provided by claimants on their applications is for the appropriate party.

**ACTIONS TAKEN:**

- **Recommendation 1:** Completed. The Veterans Benefits Administration (VBA) refers allegations of fraud to the Office of Inspector General (OIG) when there is intentional misrepresentation of facts to obtain VA benefits as VBA does not have investigative authority. In February 2020, VBA published procedures manual updates to address potential financial exploitation of beneficiaries. In the guidance VBA issued instructions to its Pension Management Centers (PMCs) to send OIG referrals to VBA's Fraud, Waste, and Abuse (FWA) Incident Team. VBA will review the referrals to identify trends and recommend changes to VA laws, policies, or procedures, if necessary. VBA also provided guidance to require notification to the potentially affected party, or parties, about the self-reporting options when there is evidence that indicates the beneficiary may be a victim of fraud that would otherwise not be referred to OIG. In addition, in March 2020, VBA published changes to the VA pension benefits and survivors pension website ([www.va.gov/pension](http://www.va.gov/pension)) to reference resources on fraud by providing links to the Federal Communications Commission (FCC) and Federal Trade Commission (FTC) Consumer Sentinel system. These sites contain information on how to avoid fraud and provide links to report any suspected fraud to the FCC and FTC agencies. Furthermore, VBA's Pension and Fiduciary (P&F) Service has established points of contact and collaborative relationships with VA's Office of General Counsel and VBA's FWA Incident Team. P&F Service has introduced

a quarterly meeting to formalize the collection of information on potential threats to VA pension beneficiaries. P&F Service will use the information collected during these meetings to feed into the decision-making process on potential changes to policies and procedures to address threats to VA pension beneficiaries.

- **Recommendation 2:** In Process. VBA is progressing to include warnings on its pension application forms to clarify which fees attorneys and others may charge veterans for representing them when applying for pension benefits. Target Completion Date: August 1, 2021.
- **Recommendation 3:** Completed. On August 21, 2019, VBA published updated guidance to clarify the definition of questionable medical expenses and provided examples.
- **Recommendation 4:** Completed. VBA has centralized all efforts, programs, and personnel dedicated to the prevention of fraud, waste, and abuse under a single organizational entity, the Benefits Delivery Protection & Remediation (BDPR) within VBA's Office of Financial Management (OFM), led by the Chief Financial Officer. Since the establishment of BDPR, VBA has taken a few steps to enhance the security of benefits delivery. In addition, as of January 2021, VBA has updated its application forms to require claimants to submit documentation to verify their direct deposit information when applying for benefits. The nine forms are available at <https://www.va.gov/find-forms> and were updated to include the following language – *To enroll in direct deposit, provide the information requested, and attach either a voided personal check or a deposit slip.*

**BUDGET IMPLICATIONS:** None

**INFORMATION TECHNOLOGY:** Agencies Need to Fully Implement Key Workforce Planning Activities; GAO-20-129. Report provided to VA 10/30/2019.

**RESPONSIBLE OFFICE:** VA Office of Information and Technology (OIT)

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the agency fully implements each of the five key IT workforce planning activities it did not fully implement.

**ACTIONS TAKEN:**

- VA OIT has a robust workforce planning process and involvement by all key leaders, to include governance processes. VA conducts ongoing process improvement of IT workforce planning and will continue to mature its IT staffing model and strategic workforce planning efforts. Notwithstanding continuous improvement, VA believes that the Department has fully implemented all key IT workforce planning steps and activities as outlined in the GAO evaluation framework. OIT has in place a current Human Capital Management (HCM) Strategic Plan which explicitly addresses strategies to address staffing gaps, and in December 2019 produced a first iteration staffing model.

## **BUDGET IMPLICATIONS:**

- At present, OIT is staffed at or near capacity and therefore has no projected staffing gaps through FY 2021 based upon identified funding resources.

**AUDIT REPORT NAME:** Veterans Affairs (VA) ACQUISITION MANAGEMENT: Steps Needed to Ensure Healthcare Federal Supply Schedules Remain Useful (GAO-20-132). Report provided to VA 02/06/2020. (9 Recommendations)

**RESPONSIBLE OFFICE:** Office of Acquisition, Logistics, and Construction (OALC)

## **RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the Associate Executive Director (AED) of VA's National Acquisition Center (NAC) puts controls in place to better ensure the completeness of vendor Federal Supply Schedule (FSS) sales reporting.
- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's NAC assesses data on the participation of and items and services offered by veteran-owned small businesses in NAC's FSS program, in order to determine whether their program is meeting the needs of Veterans Health Administration (VHA) contracting officers who use it given the Veterans First requirements they must meet.
- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's NAC directs the FSS Director to develop a mechanism to consistently obtain and analyze VHA user feedback on the FSS program.
- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's NAC provides contracting staff with comprehensive FSS guidance.
- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's NAC develops an FSS-specific training program to include essential skills and processes to meet ongoing training needs for new and existing contracting staff.
- The Secretary of Veterans Affairs should work with the Administrator of General Services Administration (GSA) to develop a memorandum of understanding (MOU) outlining the roles and responsibilities of GSA and NAC in collaborating under GSA's delegation of authority to VA for the healthcare-related Federal Supply Schedules, including the processes through which the two organizations will coordinate and share useful tools and practices.
- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's NAC assesses the appropriateness of NAC's current timeliness goals for FSS

contract awards and takes steps to comprehensively identify and address barriers to achieving them.

- The Secretary of Veterans Affairs should ensure that the Associate Executive Director of VA's National Acquisition Center takes measures to ensure greater efficiency in the offer-intake process, such as providing additional guidance for vendors or by adopting a system that includes checks for completeness of required vendor documentation.
- The Secretary of Veterans Affairs should take steps to assess duplication between VA's FSS and Medical Surgical Prime Vendor programs, to determine if this duplication is necessary or if efficiencies can be gained.

#### **ACTIONS TAKEN:**

- OALC's 180-day update dispatched to U.S. Government Accountability Office (GAO) on 7/22/2020.
- GAO requested additional supporting documentation to the 9 recommendations.
- OALC is currently working to provide GAO with the additional documentation requested by 4/30/2021.
- Recommendation 1: A quarterly sales reporting process has been created. The new process includes new comprehensive guides that outline the vendor process for submitting reports, a sales portal guide, a pay.gov guide, and a quarterly sales reporting calendar.
- Recommendation 2: VA FSS and VHA implemented an Available Temp Healthcare Staffing Reporting process for FSS vendors to self-report their Vendor Information Pages (VIP) status and allow FSS staff to track Veteran owned business participation. FSS staff have attended and briefed the details of the FSS program at multiple small business conferences.
- Recommendation 3: The NAC FSS and VHA staff attended and participated in the National Lab Integrated Product/process teams (IPT). The IPT worked on collaborative solicitation reviews to include the new MSPV 2.0 solicitation; technical evaluations; FSS COVID-19 contract support; and discussions on vendor entrance into the FSS program.
- Recommendation 4 and 5: The FSS Academy was developed in response to the need for an FSS-specific training program to include essential skills and processes to meet ongoing training needs for new and existing contracting staff. The Academy provides and updates training presentations, course slides and recordings of training sessions to staff as an on-going training program.
- Recommendation 7: VA has reviewed and provided comments to the GSA MOU, and a VA MOU draft has been completed.
- Recommendation 9: FSS supervisors have met, brainstormed on multiple occasions, and identified solutions to break down barriers to achieving timeliness goals. Through this process, the FSS program leadership has continued to refine the FSS dashboard and the weekly inventory report to ensure chiefs and leads have maximum visibility into key workload metrics such as procurement action lead time, expiring contracts, etc.

- Recommendation 10: VA FSS has developed a checklist for assessing the completeness of submitted offers. New offers are currently processed in an average of two days.
- Recommendation 11: VA is analyzing duplication of contracting across the Department as part of its category management efforts and expects to complete an internal report on this issue in early 2021.

#### **BUDGET IMPLICATIONS:**

- There are no known budget implications currently aside from the additional cost of time for VA staff to build solutions to the report recommendations.

**TELECOMMUNICATIONS: Agencies Should Fully Implement Established Transition Planning Practices to Help Reduce Risk of Costly Delays;** GAO-20-155. Report provided to VA 4/7/2020.

**RESPONSIBLE OFFICE: VA Office of Information and Technology (OIT)**

#### **RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the agency's Chief Information Officer updates the telecommunications inventory to include all telecommunications assets and services in use at the agency, and updates and finalizes VA's process for ongoing maintenance of the inventory to include the complete inventory.
- The Secretary of Veterans Affairs should ensure that the agency's Chief Information Officer completes efforts to identify future telecommunications needs using a complete inventory of existing telecommunications services and determines and documents that VA's telecommunications needs are aligned with its long-term IT plans.
- The Secretary of Veterans Affairs should ensure that the agency's Chief Information Officer includes in its telecommunications transition communications plan the key local and regional agency officials responsible for disseminating information about the transition to employees and working with the vendor to facilitate transition activities; and establishes and uses cost and schedule management processes in the agency's transition.
- The Secretary of Veterans Affairs should ensure that the agency's Chief Information Officer identifies and documents all of the funding needed to support the telecommunications transition, including costs for all years of transition planning support; justifies requests for transition resources related to program management staff; conducts an analysis to identify staff resources needed for the entire transition effort; and analyzes training needs for staff assisting with the transition.
- The Secretary of Veterans Affairs should ensure that the agency's Chief Information Officer completes efforts to identify telecommunications transition measures of success that can be used to assess transition progress; and takes into account the agency's telecommunications transition risks, mission critical systems, and contingency plans in VA's transition time line.

## **ACTIONS TAKEN:**

- VA maintains updated and managed inventories of all telecommunications assets and services. VA OIT has implemented a new provisioning process to ensure services are disconnected when replaced or no longer used. Additionally, VA is deploying the Enterprise Telecommunications Expense Management System (eTEMS) tool as the long-term approach for unified inventory management.
- VA uses managed inventories to identify and plan for future telecommunications needs. Deployment of the eTEMS system, once complete, will further improve the Department's capability to use existing inventories to plan for future telecommunications needs.
- Identification of key local and regional Agency officials in the telecommunications transition communications plan is dependent upon Task Order (TO) award and post award analysis. VA will then document point-of-contact lists tailored to the specific approach to the transition effort. VA has also amended the transition communications plan and program management plan to reflect relevant cost and schedule management processes and data.
- Identification of required funding for the telecommunications transition is dependent upon TO award and post award analysis. VA will then document detailed determinations and associated project costs. Relevant program management documents identify resources required for the transition effort.
- VA uses a variety of metrics and dashboards to monitor performance of the telecommunications transition. Program documents will additionally identify mission critical systems and contingency plans.

## **BUDGET IMPLICATIONS:**

- There are no budget implications as funding has been provided in FY21 and accounted for in FY22 and in the Multiyear Plan (MYP).

**VA Real Property: VHA Should Improve Activation Cost Estimates and Oversight;** GAO-20-169. Report provided to VA 1/2/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

## **RECOMMENDATIONS:**

- The Assistant Deputy Under Secretary for Health for Administrative Operations should develop and document a process for estimating total activation costs for major medical facility projects. This process should reflect the 12 steps for developing a reliable cost estimate outlined in the GAO Cost Guide.

**ACTIONS TAKEN:** An internal review of the program was commissioned, and recommendations were taken. New management is in place at both the Associate Director and Program Management level to address identified issues and produce an improved program. In addition, a new Activation Directive has been drafted and is

being routed for review. This directive establishes policy, responsibilities, standards, and an activation funding overview for the Activations Program. Activation related responsibilities outlined in the directive include identifying project scope changes, which impact activation funding requirements; developing budget requests and operating plans; audit activities; baseline estimating; monitoring expenditures; and reviewing and approving Cost Limit Increases.

**BUDGET IMPLICATIONS:** Budget estimating accuracy will improve with the implementation of the Activation Directive and the process contained therein.

- The Assistant Deputy Under Secretary for Health for Administrative Operations should develop and document a process for comparing actual activation costs for major medical facility projects to estimates. This process should identify the personnel responsible for comparing the estimated costs to the actual expenses and document their responsibilities.

**ACTIONS TAKEN:** The Activation Office developed and utilized the Activations Cost Budget Model to develop and document estimated costs. These costs are identified by project fiscal year, appropriation, and identifies if they are recurring or non-recurring. The Status of Allowance, provided by Finance, was utilized to track actual expenditures by project associated accounting strings. In addition, a permanent Activation Program Manager was on-boarded in August 2020 and will be responsible for comparing these costs, providing process instruction to facilities.

**BUDGET IMPLICATIONS:** This process is forecasted to improve alignment of spending to projections by alerting the Program Manager to possible project slippage and/or Activation funding fiscal year realignment.

- The Assistant Deputy Under Secretary for Health for Administrative Operations should define and document what items and services officials can purchase with activation funds.

**ACTIONS TAKEN:** The new directive was entered into the approval process. The directive identifies steps to determine appropriate funding streams for project acquisitions. These steps were also disseminated to facilities via their VISN offices.

**BUDGET IMPLICATIONS:** Working to identify appropriate funding streams to ensure resources are utilized in accordance with policy.

- The Assistant Deputy Under Secretary for Health for Administrative Operations should define and document when facilities should cease to spend activation funds.

**ACTIONS TAKEN:** The Activation Cost Budget Model, which is overseen by the Program Manager, calculates the beginning of activation funding and the termination of funding based on individual project substantial completion dates, size of the space being activated, and the expected first use date.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VA Health Care: Improved Communication about Available Data Needed to Enhance the HIV Screening Process;** GAO-20-186. Report provided to VA 1/23/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should take steps to improve communication to VAMC staff (including HIV lead clinicians) about the availability of data on the time frames in which test results are communicated to veterans.

**ACTIONS TAKEN:** VHA's Office of Primary Care (OPC) will provide information to the Patient Aligned Care Team (PACT) Community of Practice (CoP) group on the time frames in which test results, including human immuno-deficiency virus (HIV), are expected to be communicated to Veterans. Beginning with the second quarter of fiscal year (FY) 2020, HIV test results will be added to the EPRP study. The Reporting, Analytics, Performance, Improvement and Deployment (RAPID) Office announced to the VHA Performance Measurement News Listserv the availability of FY 20, Quarter 2 (Q2) performance data. This information was provided on: the HHRC's Monthly Issues call in June 2020, the quarterly HIV LC call on June 23, 2020, and the Chief Medical Officer (CMO)/Quality Management Officer (QMO) group on June 8, 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should disseminate data to HIV lead clinicians on the extent to which veterans who test positive for HIV are linked to care within recommended time frames.

**ACTIONS TAKEN:** HHRC in the Office of Specialty Care Services presented VA's HIV Care Continuum, which included updated linkage to care data, at VHA's December 2, 2019, virtual conference, *Ending the HIV Epidemic: VA's Response*. There were over 300 participants across VHA at this conference. On December 10, 2019, a call with HIV Lead Providers was held. On December 16, 2019, an email was sent to VHA HIV providers through HHRC's listservs announcing the availability of the data on the report. These data were described on HHRC's monthly issues call on January 16, 2020.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand; GAO-20-284. Report provided to VA 2/19/2020.**

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Secretary of VA should direct GEC leadership to develop measurable goals for its efforts to address key long-term care challenges: workforce shortages, geographic alignment of care, and difficulty meeting veterans' needs for specialty care.

**ACTIONS TAKEN:** The Office of Geriatrics and Extended Care (GEC) developed a strategic plan in December 2019 to address these and other priorities integral to the care of the aging Veteran constituency. VHA leadership provided support from the Office of Healthcare Transformation for 6 months (March–October 2020) to stand up plans and actions for implementing the GEC transformation. As a result, six workstream pillars were identified:

1. Expand Home and Community-Based Services,
2. Modernize Systems for Healthy Aging,
3. Modernize and Improve Facility-Based Care,
4. Improve Access with Technology,
5. Increase the Workforce with Geriatric Expertise and
6. Develop Data Definitions and Processes.

The members of these workstreams are comprised of VACO GEC personnel and selected field based VHA personnel with subject matter expertise in each of the stated domains. Workforce shortages in geriatrics and palliative care are being addressed in workstream 5 (Increase Geriatric Expertise) and are actively working with the Office of Academic Affiliations, and the Employee Education Service to build geriatric competency in the VHA workforce. Geographic alignment of care is being addressed in workstreams 2 (Modernize Systems for Healthy Aging) and 4 (Improve Access with Technology). These workstreams are targeting the alignment of geriatric services in the field, expanding effective models of care, integrating technology, and leveraging scarce geriatric expert resources in collaboration with Primary Care and Specialty Care to expand reach to Veterans who need these services. Each of the workstreams have specific action items and milestones with associated timelines with expected completion of all transformation activities by FY 2024.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Secretary of VA should direct GEC leadership to set time frames for and implement a consistent GEC structure at the VAMC level.

**ACTIONS TAKEN:** Workstream 2 (Modernizing Systems for Healthy Aging) was tasked to evaluate and recommend changes system-wide to align geriatrics services in all VA Medical Centers consistent with a high-reliability organization model. The Workstream began an assessment phase to identify current organizational and reporting structures, which vary widely in the field.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

- The Secretary of VA should direct GEC leadership to set time frames for and implement a VAMC-wide standardization of the tool for assessing the noninstitutional program needs of veterans.

**ACTIONS TAKEN:** VHA developed a Purchased Personal Care Services Case Mix Instrument for assessing the noninstitutional program needs of Veterans. The instrument includes an auto-sum feature that will be available in the Computerized Patient Record System (CPRS) for nationwide distribution in FY 2021. The Case Mix Instrument will be mandatory once the auto-sum functionality is available in CPRS. The Case Mix Instrument is currently available in the CERNER Electronic Health Record.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation.

**SEXUAL HARASSMENT: Inconsistent and Incomplete Policies and Information Hinder VA's Efforts to Protect Employees;** (GAO-20-387). Report provided to VA 07/15/2020.

**RESPONSIBLE OFFICE:** Human Resources and Administration/Operations, Security, and Preparedness

**RECOMMENDATIONS:**

- VA's Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness should realign VA's EEO Director position to adhere to the applicable EEOC directive by ensuring the position is not responsible for personnel functions.
- VA's Deputy Assistant Secretary for Resolution Management should complete VA's EEO Program Manager realignment initiative at VBA and VHA in accordance with VA policy.
- VA's Deputy Assistant Secretary for Resolution Management should ensure that ORM reviews all existing VA and administration policies and information to make sure they are current, complete, and aligned with VA's sexual harassment policy.
- VA's Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, in consultation with ORM should finalize the HPP Directive and handbook to formalize HPP.
- VA's Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, in consultation with ORM, should require managers to report all sexual harassment complaints they receive to ORMDI and ORMDI should use this information – and other available data about sexual harassment prevalence at VA – to assess and improve its efforts to prevent and address sexual harassment.
- VA's Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion should develop and implement policies and procedures to ensure that for sexual

harassment complaints addressed through the management process, any corrective actions decided on are implemented, including requiring managers and supervisors to provide evidence these actions occurred to ORM.

- VA's Deputy Assistant Secretary for Resolution Management should require additional training for all VA employees on identifying and addressing sexual harassment, including the HPP process. For instance, VA could make training that is currently offered in some facilities mandatory for all employees (e.g., Prevention of Sexual harassment) or develop new mandatory training.

## **ACTIONS TAKEN:**

- In September 2020, HRA/OSP leadership met with the EEOC Associate Director of Federal Sector programs to discuss VA's EEO program, including the issue of alignment.
- Effective November 8, 2020, three VBA EEO Managers were realigned to ORMDI. An additional six VBA EEO Managers were realigned effective November 22, 2020. The remaining four VBA EEO Managers are expected to be realigned in January 2021.
- ORMDI stood up an enterprise-wide World Class Harassment Prevention Work Group to review the "as-is" process, to reimagine the "to-be" program, and to identify gaps to get there. The work group has begun reviewing policies, programs, and all elements of harassment.
- The HPP Directive has been finalized and is being distributed. The HPP Directive includes an attachment outlining steps employees must take to report sexual and non-sexual harassment.
- ORMDI has created an automated tracking system to report allegations that come through the management process to the HPP office.
- The Deputy Assistant Secretary ORMDI is partnering with the VA Chief Learning Officer to restructure sexual harassment prevention training no later than the end of FY 2021.

## **BUDGET IMPLICATIONS:**

- Staffing
  - ORMDI is requesting an additional 23 FTEE at grades 9-14 for the Harassment Prevention Program (HPP) office. The office will stand up a Harassment Complaint Intake Unit with 20 FTE at the GS- 11/12 to receive reports of harassment from all persons who believe they have experienced harassment at the VA. We are also requesting an Administrative Officer at the GS- 9/11 and 2 HPP Program Managers (GS-14) for the East and West Coast. The additional staff will

be able to receive and respond to the extended coverage for all persons with complaints of harassment, to include non-departmental individuals, as well as VA staff. The HPP office will also be able create a robust sexual harassment and compliance program to ensure management addresses allegations and corrective action taken, if necessary.

- Training
  - \$1.0M for creating a robust harassment training program, to include mandatory harassment training, to include sexual harassment and bystander intervention training.
- Systems:
  - \$1.5M for external facing portal to collect data in a centralized tracking system.
- Marketing
  - \$800K for the development of an HPP/SH marketing program with an external company. A mass communications plan will be developed to create posters, pamphlets, information cards to be placed throughout VA facilities, staff offices, housing facilities, doctor's offices, etc.)

**Military and Veteran Support: Performance Goals Could Strengthen Programs that Help Servicemembers Obtain Civilian Employment;** GAO-20-416. Report provided to VA 7/9/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should incorporate key elements of a performance assessment system, such as establishing performance goals and taking steps to assess outcomes, for the Educational and Vocational Counseling (or Chapter 36), Veterans Integration to Academic Leadership, and VetSuccess on Campus programs.

**ACTIONS TAKEN:** The VHA Office of Mental Health and Suicide Prevention (OMHSP) has developed a process to establish individual performance goals for VITAL programs at the campus level. Sites have been notified of the expectation to establish annual metrics. A database was built to capture and monitor these goals. Sites can monitor their goals on a monthly, quarterly, or annual basis.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**MILITARY AND VETERAN SUPPORT: Performance Goals Could Strengthen Programs that Help Servicemembers Obtain Civilian Employment;** (GAO-20-416).  
Report provided to VA 7/9/2020.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration  
Veterans Health Administration

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should incorporate key elements of a performance assessment system, such as establishing performance goals and taking steps to assess outcomes, for the Educational and Vocational Counseling (or Chapter 36), Veterans Integration to Academic Leadership, and VetSuccess on Campus programs.

**ACTIONS TAKEN:**

- **Recommendation 1:** In process.

Chapter 36: The Chapter 36 program, formerly called Education and Vocational Counseling, is now named the Personalized Career Planning and Guidance Program (PCPG). PCPG provides Service members, Veterans, and dependents with enhanced career counseling, education planning, resume writing, interview skills, and other services to achieve personal, career, and education goals. The program offers an important tool to support military to civilian transition and Veteran career success. VBA continues to monitor usage of the PCPG/Chapter 36 program and to develop additional performance and outcome goals based on fulfilling participants' needs. VBA's Case Management Solution (CMS) system will offer opportunities to develop and track additional program measures. The CMS configuration, implementation, and deployment may take up to 3 years to complete. Implementation of additional PCPG/Chapter 36 performance and outcome goals are dependent on the configuration and deployment of the applicable Chapter 36 modules within the CMS platform. As a result, the target completion date for implementing additional performance goals and assessing outcomes for the Chapter 36 program is projected for September 30, 2023.

VetSuccess on Campus (VSOC): In fiscal year 2019, VBA strengthened its performance assessment system with new performance metrics for all VSOC Counselors. Performance measures for VSOC Counselors are assessed by tracking the number of program participants served and the type of services provided to them. This information is reported annually to Congress in accordance with the Colmery Act. VBA is still developing outcomes measures for the VSOC program and working on developing an overall IT infrastructure. VBA plans to leverage the CMS system to develop a case management component specific to VSOC Counselors. Implementation of additional VSOC-specific

performance and outcomes goals are dependent on the configuration and deployment of the applicable VSOC modules within the CMS platform. As a result, the target completion date for implementing additional performance goals and assessing outcomes for the VSOC program is projected for September 30, 2023.

VBA defers to VHA regarding the VHA VITAL program.

**BUDGET IMPLICATIONS:** None

**Homeless Veterans: Opportunities Exist to Strengthen Interagency Collaboration and Performance Measurement Procedures;** GAO-20-428. Report provided to VA 5/14/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- VA's Under Secretary for Health should provide additional information, such as best practices, about how VA medical centers and service providers participating in Coordinated Entry can collaborate with local partners on key activities (for example, making referrals and sharing data) and ensure that this information and other resources are accessible to VA medical center staff and service providers.

**ACTIONS TAKEN:** The Executive Director of VA's Homeless Programs Office provided additional information, including successful strategies, about how VA medical centers and service providers participating in Coordinated Entry can collaborate with local partners on key activities to ensure that this information and other resources are accessible to VA medical center staff and service providers. VHA Homeless Programs established a monthly call specifically for Coordinated Entry Specialists in the field. This call was expanded to any VA staff person who is involved in coordinated entry efforts in their community to further enhance communication. The first of these new calls was held on May 26, 2020. This call focused on all elements of coordinated entry collaboration including case conferencing, streamlined referral processes, and data sharing. These calls are recorded so that they can be accessed at any time by staff. VA Medical Centers submit quarterly updates on their progress towards meeting the requirements of their participation in coordinated entry with each of their partner CoCs. The Health Care for Homeless Veterans National Office formed a team to review these quarterly submissions to identify common themes where national technical assistance is needed, as well as VISN or site-specific barriers to implementation. This allowed for a more targeted approach for providing site-specific support. Information on the VHA Homeless Programs Hub is updated regularly, featuring resources and information and innovative practices for VA medical center staff on coordinated entry

collaboration. We will continue to assess the need for additional information and will add to this plan as needed.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- VA's Under Secretary for Health should clearly communicate with local VA staff and service providers about how it measures performance and how to obtain and provide feedback about performance measures.

**ACTIONS TAKEN:** The National Homeless Program Office has prepared a quick guide to provide VAMC homeless program staff and providers with enhanced details and resources to promote broader accessibility of homeless program performance measure technical specifications, available technical assistance and direct access to Subject Matter Expert's. This guidance was saved on the Homeless Programs Operational Planning Hub and was scheduled to be disseminated to VAMC homeless program staff during Quarter 1 of Fiscal Year 2021. The guidance includes direct links to homeless program technical assistance, national training calls, and procedures for submitting performance measure questions to the national office.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**AUDIT REPORT NAME:** ELECTRONIC HEALTH RECORDS: Ongoing Stakeholder Involvement Needed in the Department of Veterans Affairs' Modernization Effort; GAO-20-473. Report provided to VA 06/05/2020.

**RESPONSIBLE OFFICE:** Office of Electronic Health Record Modernization

**RECOMMENDATIONS:**

- For implementation of the EHR system at future VA medical facilities, we recommend that the Secretary of VA direct the EHRM Executive Director to clarify terminology and include adequate detail in descriptions of local workshop sessions to facilitate the participation of all relevant stakeholders including medical facility clinicians and staff.

**ACTIONS TAKEN:**

- OEHRM provided a 180-day update to GAO in October 2020 and requested closure of the recommendation. Updates to support closure are below.
  - VHA, OEHRM, Office of Information and Technology, and other relevant VA Program Offices have, since 2018, engaged in a variety of workshops and meetings with VISN 20 leadership and staff to ensure their full understanding of the capabilities and their buy-in of the new electronic health record system. OEHRM and VISN 20 key staff meet weekly in a

series that was established in 2018 to exchange updates and communicate accomplishments and challenges. OEHRM regularly provides updates on deployment activities, change management activities, and communication, but as updates occur in other workstreams, the agenda expands to include additional areas such as capabilities.

- VA's Cerner partner was heavily engaged in efforts to increase clinician and scheduler end user readiness in preparation for EHRM "Go-Live," participating in roadshows for all of VA's VISNs. These presentations included a demonstration of Cerner solutions, an overview of the EHRM program and history and featured several interactive sessions where attendees had an opportunity to engage and ask questions. In addition, between December 2018 and October 2019, Cerner sponsored eight local workshops for Mann-Grandstaff medical personnel where workflows, design decisions and configurations of the system were reviewed, validated and recommendations for adjustments were made to ensure the system is configured for local needs
- A VA SharePoint site exists for the shared lexicon between VA and Cerner, accessible on the VA intranet for anyone with a va.gov email address. This site provides a tool to capture, research and compare terminology that has evolved around different subsets of environments (VA and Cerner). The primary tool is an editable list which combines various features and capabilities, including acronym and/or term definition, term comparison across systems/environments (VA and Cerner), links to external resources, filter for term matches or variation, search by text. The site is actively monitored for submission of new content or corrections.
- Due to the COVID-19 pandemic, VA temporarily suspended its preparations for "Go-Live" at the Mann-Grandstaff VA Medical Center. When it re-started its preparations and re-engaged with the Mann-Grandstaff Medical Center, OEHRM and its partners hosted a series of weekly all staff webinars, referred to as the EHRM Spotlight Series. These webinars were designed to increase readiness for the EHRM "Go-Live" event.

#### **BUDGET IMPLICATIONS:**

- OEHRM provides costs for the EHR modernization program regularly to Congress. Those costs include staff trainings for end user readiness. OEHRM does not anticipate additional costs will be incurred to execute the actions necessary to fulfill the recommendation of this report.

**VA ACQUISITION MANAGEMENT: Action Needed to Improve Management of Medical-Surgical Prime Vendor Program and Inform Future Decisions;** GAO-20-487. Report provided to VA 9/30/2020.

**RESPONSIBLE OFFICE:**                      **Veterans Health Administration**

## RECOMMENDATIONS:

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics, as part of the Veterans Health Administration's ongoing efforts to establish and maintain supplier agreements for the Medical-Surgical Prime Vendor 2.0 formulary, examines opportunities to reduce the number of items delivered via drop shipment to minimize less-preferred methods to purchase supplies.

**ACTIONS TAKEN:** There were several items not suitable for delivery by the prime vendors due to factors such as handling of temperature sensitive product. Although drop shipments were not preferred, it was substantially better to have drop ship items available through Medical Surgical Prime Vendor (MSPV) than to move that spend to separate contracts or government purchase cards (GPCs). Drop-shipments were rare occurrences used in the event all normal eCommerce or contracted vendors were not available (e.g. during a pandemic).

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics, as part of the Veterans Health Administration's ongoing efforts to establish and maintain supplier agreements for the Medical-Surgical Prime Vendor 2.0 formulary, examines opportunities to establish delivery time frame requirements for drop-shipped items.

**ACTIONS TAKEN:** There were times when a drop shipment was the only option due to a variety of disruptors (e.g. natural disaster, pandemic) or related business circumstances, and therefore the associated order-ship-time was unpredictable. To establish delivery timeframe guidelines for suppliers, the Procurement and Logistics Office (P&LO) ensured drop shipped orders via the MSPV 2.0 program were stringently monitored and tracked and delivery tracking information was available electronically to the buyer. Drop shipment delivery lead times were monitored as part of the program administration and oversight activities and drop ship suppliers were required to provide ship date and tracking information via the electronic data interchange (EDI). The MSPV 2.0 contract also required that there were no consolidation of drop shipments at Prime Vendor warehouses or distribution centers as a mechanism of expedite delivery of drop shipments and avoiding unwarranted delays; per contractual clause all drop shipments had to be delivered directly to the ordering VA Medical Facility.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of the Department of Veteran Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics automates aspects of the manual Medical-Surgical Prime Vendor formulary

management process where feasible, such as electronic transmittal of real-time updates to medical centers and prime vendors, to minimize ordering errors and delivery delays.

**ACTIONS TAKEN:** With the advent of Medical Surgical Prime Vendor (MSPV) 2.0, many electronic transmittals and real-time updates occurred via Electronic Data Interchange (EDI) processing and link with the Supply Chain Master Catalog (SCMC) initiative which began in 10/2020, with follow-on implementation through February 2021. VA partnered with Defense Logistics Agency to better enable whole of government sourcing, to include the use of DoD (DLA) Medical/Surgical Prime Vendor (MSPV), Core Electronic Catalog (ECAT) for medical materiel. This allowed VA to leverage DoD's established and automated processes and integrate the logistics pipeline, making it more efficient and reliable.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation currently.

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics and the Strategic Acquisition Center develop processes to routinely use transaction-level data to validate prime vendor performance on key program metrics, such as order completion rate, and identify how this information will be used to oversee the prime vendors. (OALC).

**ACTIONS TAKEN:** A web-based dashboard to provide Electronic Data Interchange (EDI) Data across nine transaction sets is began development and is anticipated to be fully deployed under Medical/Surgical Prime Vendor (MSPV) 2.0. Up to three EDI transaction sets are currently in use under the MSPV Bridge.

The Prime Vendor Statement of Work for MSPV 2.0 more clearly defines the required metrics and their calculation methods. VA medical facilities will still be encouraged to use the Issue Management (IM) Tool to report issues with their Prime Vendors, such as incorrect performance data. The facility Contracting Officer's Representatives (CORs) are responsible for shepherding the issue through the IM Tool, continued use of the tool will help to ensure facility CORs are engaged in reconciliation of PV performance issues.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics develops a process for calculating accurate historical coverage and utilization data for the Medical-Surgical Prime Vendor program, such as archiving monthly formulary snapshots, to increase visibility into medical center needs and issues over time.

**ACTIONS TAKEN:** The Procurement and Logistics Office's (P&LO) maintained, through a mix of government full time employees (FTEs) and contract support, formulary snapshots in a VA SharePoint. Coverage data was calculated on a regular basis by evaluating purchases outside the Medical Surgical Prime Vendor (MSPV) program such as government purchase cards (GPCs) or one-off contracts.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics develops a plan for assessing the results of the Defense Logistics Agency Medical-Surgical Prime Vendor pilot, including criteria for assessing pilot success and scalability, as well as performance metric targets and use these criteria and metrics to inform the department's future decision on whether the program should be deployed to all medical centers.

**ACTIONS TAKEN:** The joint VA-Defense Logistics Agency (DLA) Medical Surgical Prime Vendor (MSPV) planning team developed performance metrics to inform future decisions.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics seeks input from stakeholder within the agency, such as the Office of Small and Disadvantaged Business Utilization and medical center staff, on operation of the Defense Logistics Agency Medical-Surgical Prime Vendor pilot to help inform any needed improvements as the pilot progresses.

**ACTIONS TAKEN:** The Procurement and Logistics Office (P&LO) had contract support, with Government oversight, responsible for crafting a stakeholder communications plan to solicit feedback from stakeholders within the agency. The VA and Defense Logistics Agency (DLA) Medical Surgical Prime Vendor (MSPV) programs were under continuous oversight by the Med Category Management Team and the VA's Office of Small and Disadvantaged Business Utilization.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation currently.

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics works with the Office of Small and Disadvantaged Business Utilization to provide written guidance to VA logistics officials at facilities participating in the Defense Logistics Agency Medical-Surgical Prime Vendor pilot program, to achieve VA's goal of providing participation opportunities for these firms to participate in the pilot program.

**ACTIONS TAKEN:** The Defense Logistics Agency (DLA) was obligated by the signed Memorandum of Agreements and Interagency Agreements to adhere and comply with the provisions of 38 USC § 8127 and the Rule of 2 to the maximum extent feasible when executing VA procurement actions.



Signed IAA      VA-DLA Enterprise  
Addendum MSPV ViMOAssigned2019081



**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**AUDIT REPORT NAME:** VA ACQUISITION MANAGEMENT: Actions Needed to Improve Management of Medical-Surgical Prime Vendor Program and Inform Future Decisions (GAO-20-487). Report provided to VA 9/30/2020. (8 Recommendations)

**RESPONSIBLE OFFICE:** Office of Acquisition, Logistics and Construction (OALC) and Veterans Health Administration (VHA)

**RECOMMENDATIONS:**

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics, as part of the Veterans Health Administration's ongoing efforts to establish and maintain supplier agreements for the Medical-Surgical Prime Vendor 2.0 formulary, examines opportunities to reduce the number of items delivered via drop shipment to minimize less-preferred methods to purchase supplies.
- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics, as part of the Veterans Health Administration's ongoing efforts to establish and maintain supplier agreements for the Medical-Surgical Prime Vendor 2.0 formulary, examines opportunities to establish delivery time frame requirements for drop-shipped items.
- The Secretary of the Department of Veteran Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics automates aspects of the manual Medical-Surgical Prime Vendor formulary management process where feasible, such as electronic transmittal of real-time updates to medical centers and prime vendors, to minimize ordering errors and delivery delays.
- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics and the Strategic Acquisition Center develop processes to routinely use transaction-level data to validate prime vendor performance on key program metrics, such as order

completion rate, and identify how this information will be used to oversee the prime vendors.

- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics develops a process for calculating accurate historical coverage and utilization data for the Medical-Surgical Prime Vendor program, such as archiving monthly formulary snapshots, to increase visibility into medical center needs and issues over time.
- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics develops a plan for assessing the results of the Defense Logistics Agency Medical-Surgical Prime Vendor pilot, including criteria for assessing pilot success and scalability, as well as performance metric targets and use these criteria and metrics to inform the department's future decision on whether the program should be deployed to all medical centers.
- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics seeks input from stakeholder within the agency, such as the Office of Small and Disadvantaged Business Utilization and medical center staff, on operation of the Defense Logistics Agency Medical-Surgical Prime Vendor pilot to help inform any needed improvements as the pilot progresses.
- The Secretary of Department of Veterans Affairs should ensure the Executive Director of the Veterans Health Administration's Office of Procurement and Logistics works with the Office of Small and Disadvantaged Business Utilization to provide written guidance to VA logistics officials at facilities participating in the Defense Logistics Agency Medical-Surgical Prime Vendor pilot program, to achieve VA's goal of providing participation opportunities for these firms to participate in the pilot program.

#### **ACTIONS TAKEN:**

- OALC and VHA's 180-day update dispatched to GAO on 4/8/2021, and GAO's response is pending.
- Recommendation 1: A comprehensive review of drop shipments was conducted to determine if there were instances of excessive use. It was found that drop shipments are rare occurrences used in the event all normal eCommerce or contracted vendors are not available (e.g. during a pandemic).
- Recommendation 2: VA has developed a process to ensure future drop-shipped orders through the MSPV 2.0 program are closely monitored and tracked by using electronic delivery tracking. MSPV 2.0 is the next generation contract and its implementation is pending protest resolution.
- Recommendation 3: MSPV 2.0 will institute electronic transmittals and real-time updates via Electronic Data Interface (EDI) processing and link with the Supply Chain

Master Catalog Initiative. MSPV 2.0 is the next generation contract and its implementation is pending protest resolution.

- Recommendation 4: A web-based dashboard to provide data across nine transaction sets has been developed and is expected to be fully deployed under MSPV 2.0. Enhanced capture of data will strengthen visibility and facilitate data driven verification of key performance prime vendor metrics. MSPV 2.0 is the next generation contract and its implementation is pending protest resolution.
- Recommendation 5: VA has created a SharePoint site which archives monthly formulary snapshots and increases visibility into medical center needs and issues across time.
- Recommendation 6: The joint VA Defense Logistics Agency (DLA) MSPV planning team is building a vetting process for performance metrics that will allow VA to make informed future decisions.
- Recommendation 7: VA has drafted a stakeholder's communications plan that includes input from all stakeholders within the process. The plan is currently under leadership review.
- Recommendation 8: VA is working towards finalization of the MOU and the Interagency Agreement between VA and DLA. Next steps include the development of ordering officer instructions.

#### **BUDGET IMPLICATIONS:**

There are no known budget implications currently aside from the additional cost of time for VA staff to build solutions to the report recommendations.

#### **VA Health Care: Actions Needed to Improve Oversight of Graduate Medical Education Reimbursement; GAO-20-553. Report provided to VA 7/17/2020.**

**RESPONSIBLE OFFICE:** Veterans Health Administration

#### **RECOMMENDATIONS:**

- Fully define in VHA policy the oversight roles and responsibilities related to ensuring facilities' adherence to disbursement agreement policies, including roles related to ReDPro and the role of VISNs.

**ACTIONS TAKEN:** The Veterans Health Administration (VHA) Office of Academic Affiliations has revised VHA Directive 1400.05 to fully define the oversight roles and responsibilities related to ensuring facilities' adherence to disbursement agreement policies and procedures. The directive has been submitted for stakeholder and leadership review through the VHA concurrence process.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- More clearly define in VHA policy the purpose of the periodic independent audits and the ReDPro checklist reviews—including differentiating their purposes from one another and ensuring that they do not unnecessarily overlap.

**ACTIONS TAKEN:** The Veterans Health Administration (VHA) Office of Academic Affiliations has revised VHA Directive 1400.05 and its companion standard operating procedures document to clearly define the purpose and conduct of periodic independent audits. The directive and SOP have been submitted for stakeholder and leadership review through the VHA concurrence process.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Ensure that OAA and CBI modify the ReDPro checklist and associated guidance. To include ensuring that checklist items are clearly stated, relevant to the updated purpose of the ReDPro checklist, and not unnecessarily duplicative of items to be addressed by the periodic independent audits. The guidance should also include detailed instruction on what the compliance officers should review, and how they should determine the appropriate response for each checklist item.

**ACTIONS TAKEN:** The VHA Office of Academic Affiliations (OAA) and Compliance and Business Integrity Officer (CBIO) Workgroup has revised the ReDPro Checklist tool. In addition, the Workgroup has developed a specific RedPro Checklist standard operating procedure. All items are clearly stated, relevant to the updated purpose of the checklist, and not duplicative.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Ensure that OAA and CBI develop and provide additional ReDPro training for compliance officers, consistent with the updated checklist and guidance. This training should include general information on GME programs and disbursement agreement oversight, as well as detailed information about how ReDPro reviews should be conducted.

**ACTIONS TAKEN:** The VHA Office of Academic Affiliations (OAA) has developed specific and specialized training for each review team. The Independent Review Teams (IRT), Compliance Business Integrity Officers (CBIO) and Designated Education Officers (DEO) will have four separate training opportunities to focus on their role in the ReDPro Checklist review. OAA assigned the Designated Education Officers the responsibility of providing a general overview of graduate medical education to the Independent Review Team members. There are also four Q&A sessions scheduled for site-specific questions.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Ensure that OAA implements a standardized independent audit tool that is consistent with the updated purpose of the periodic independent audits and does not

unnecessarily overlap with the ReDPro checklist. This could include modifying its existing recommended checklist or developing a new tool.

**ACTIONS TAKEN:** The VHA Office of Academic Affiliations (OAA) has improved the ReDPro Checklist to become a standardized audit tool. Four facilities have tested the newly revised ReDPro Checklist through completion of an entire review cycle. Each facility reviewed the checklist with their Independent Review Team members, Compliance Business Integrity Officers, and Designated Education Officers/Education Office staff. OAA is using these findings to fine-tune the tool and release a final version.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Ensure that OAA develops guidance for periodic independent audits and facility management to assist the audit teams and facility management in understanding how audits are to be conducted.

**ACTIONS TAKEN:** The VHA Office of Academic Affiliations (OAA) has finalized the ReDPro Checklist standard operating procedure (SOP). The SOP provides comprehensive guidance to assist the audit teams and facility management in understanding how audits are to be conducted.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Ensure that OAA develops substantive training for independent audit team members, consistent with the updated audit purpose, guidance, and tools. This training should include general information on GME programs and disbursement agreement oversight, as well as detailed information about how the independent audits should be conducted.

**ACTIONS TAKEN:** The VHA Office of Academic Affiliation (OAA) has developed specific and specialized training for each review team. The Independent Review Teams (IRT), Compliance Business Integrity Officers (CBIO) and Designated Education Officers (DEO) had four separate training opportunities to focus on their role in the ReDPro Checklist review. OAA assigned the Designated Education Officers the responsibility of providing a general overview of graduate medical education to the Independent Review Team members.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**INFORMATION TECHNOLOGY: Selected Federal Agencies Need to Take Additional Actions to Reduce Contract Duplication; GAO-20-567.** Report provided to VA 9/30/2020.

**RESPONSIBLE OFFICE: VA Office of Information and Technology (OIT) and Office of Acquisition, Logistics and Construction (OALC)**

**RECOMMENDATIONS:**

- The Secretary of Veterans Affairs should ensure that the agency fully implements the category management activity to develop processes and policies for implementing the agency's category management efforts.
- The Secretary of Veterans Affairs should ensure that the agency fully implements the category management activity to reduce unaligned IT spending, by performing an analysis of alternatives to justify the agency's unaligned IT contracts.
- The Secretary of Veterans Affairs should ensure that the agency fully implements the category management activity to develop and implement vendor relationship management strategies.
- The Secretary of Veterans Affairs should ensure that the agency fully implements the category management activity to share prices paid, terms and conditions for purchased IT goods and services.
- The Secretary of Veterans Affairs should ensure that the agency uses a spend analysis to identify opportunities to reduce IT contract duplication.
- The Secretary of Veterans Affairs should ensure that the agency develops and implements strategies to address duplication identified through the use of spend analyses.

**ACTIONS TAKEN:**

- *OIT defers to OALC for recommendation 1.*
- By the end of FY 2021, VA will complete analysis of the FY 2020 unaligned IT spend to determine root causes. As part of the root cause analysis, VA will compare unaligned spend to the acquisition strategy to determine if appropriate acquisition strategy decisions were made.
- OIT's Office of Strategic Sourcing has established supplier management responsibilities with three main objectives: 1) to build strategic supplier relationships; 2) Improve pre-award supplier management and 3) facilitate post-award performance management.
- *OIT defers to OALC for recommendation 4.*
- VA is implementing an IT Investment Board to identify, approve, monitor, and evaluate IT or IT-related spending within VA's Administrations and Staff Offices not included or identified through the IT Multi Year Plan or current year spend plan. Additionally, VA Notice 20-09, Interim Policy on Complying with the Federal Information Technology Acquisition Reform Act was published on September 17, 2020. The policy increases the Chief Information Officer's accountability and visibility into total Agency IT/IT-related acquisitions.
- OIT created OSS to increase accountability over IT products and deliver better value to VA. OSS will work with OALC and OIT's IT Investment Board as well as FITARA

processes and procedures to develop a comprehensive strategy to identify and mitigate contract duplication for IT capabilities. To date, OSS has achieved several successful examples of acquisition efficiencies/strategies in the categories of hardware, software, IT services and professional services.

#### **BUDGET IMPLICATIONS:**

- In fiscal year (FY) 2020, VA's total unaligned IT spend was \$0.5 billion.
- Implementation of the category management and spend analyses activities will avoid spending on duplicative contracts.

**VA Research: Opportunities Exist to Strengthen Partnerships and Guide Decision-Making with Nonprofits and Academic Affiliates;** GAO-20-570. Report provided to VA 7/29/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

#### **RECOMMENDATIONS:**

- The Under Secretary for Health should ensure its key offices, such as OAA and ORD, provide VA medical centers with examples of successful practices for strengthening research relationships with academic affiliates and that such information reflect the lessons learned from VA medical centers that have successfully cultivated these relationships.

**ACTIONS TAKEN:** The Assistant Under Secretary for Health, Discovery, Education and Affiliate Networks (DEAN) established a working group with representatives from the Office of Academic Affiliations (OAA), Office of Research and Development (ORD), field representatives from VA Medical Centers, VA Nonprofits and Academic Institutions focused on developing a white paper highlighting best practices for establishing, maintaining, and growing relationships among all partners.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should ensure ORD, in consultation with the field, develops tools, such as a decision tree and successful practices, to help local VA medical center officials decide which entity—NPCs or academic affiliates—should administer extramural funding based on providing optimal support for the research.

**ACTIONS TAKEN:** The established working group, as part of its overall charge, focused on developing tools, to include a decision tree and successful practices to assist local VA Medical Centers and academic affiliates in the determination process of federal award submissions.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VA Police: Actions Needed to Improve Data Completeness and Accuracy on Use of Force Incidents at Medical Centers (GAO-20-599).** Report provided to VA 9/8/2020.

**RESPONSIBLE OFFICE:** Human Resources and Administration/Operations, Security, and Preparedness

**RECOMMENDATIONS:**

- The Secretary of VA should improve the completeness and accuracy of use of force data in Report Executive by addressing (1) incomplete categorization of the type of force used, (2) inaccurate data on the highest level of force used, and (3) the potential for duplicate data entries.
- The Secretary of VA should implement plans to include analytical features in Report Executive that will position the agency to analyze use of force data at VA medical centers nationwide, including by officer; type of force used; and facility, among other variables.
- The Secretary of VA should ensure that medical centers submit records of all locally initiated use of force investigations and any resulting disciplinary action to VA headquarters office(s) with responsibility for police oversight.
- The Secretary of VA should implement plans for obtaining a quality database to collect all locally initiated use of force investigations at medical centers.
- Once positioned to do so, the Secretary of VA should analyze all use of force investigations and any resulting disciplinary action by facility; officer; and outcome, among other variables.

**ACTIONS TAKEN:**

- VA has improved the completeness and accuracy of use of force data in Report Executive by addressing incomplete categorization of the type of force used, inaccurate data on the highest level of force used, and the potential for duplicate data entries.
- Additional program capabilities within Report Executive are being developed by the vendor to allow for future system growth, such as adding a “tab” to sort and collect data by region/Veteran Integrated System Network (VISN).

**BUDGET IMPLICATIONS:**

Report Exec will continue to be used for the purpose that it was designed. Report Exec was not procured to conduct Internal Affairs (IA) actions. However, VA is developing short and long-term solutions to address this gap:

- Currently, OSP and VHA meets weekly to coordinate and collaborate ensuring sound communications regarding police activities.
- Short-term: VA, via HRA/OSP contractors, is developing a dashboard within SharePoint that will track prosecution dispositions or police administrative personnel matters. OSP

and VHA will have access to the dashboard to monitor investigations. This temporary solution does not have any additional budget implications to the current contract in place.

- Long-term: OSP will require an Unfunded Request for approximately \$300K to acquire a fully functional, standalone IA system used to record and analyze Police related IA actions and activities (e.g. use of force investigations) enterprise wide. This system will allow for secured access on a need to know basis for representatives for OSP, VHA, VBA, and NCA.

**VA DISABILITY BENEFITS: VA Should Continue to Improve Access to Quality Disability Medical Exams for Veterans Living Abroad** (GAO-20-620). Report provided to VA 9/21/2020.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration  
Veterans Health Administration

#### **RECOMMENDATIONS:**

- The Under Secretary for Benefits should work with State and SSA to identify and implement ways to help ensure that embassy staff and RFBOs are made aware of relevant changes in VA policy and standard operating procedures in a timely and consistent manner and can more readily identify available resources so they can efficiently help veterans living abroad with VA's disability claims process.
- The Under Secretary for Benefits should identify and implement an interim strategy to consistently document the complete contact information for veterans living abroad within VBMS, while OIT and VBA continue to explore a long-term solution.
- The Under Secretary for Benefits should systematically assess the quality of embassy-referred exams and use the results of this review to identify whether there are common problems related to the use of these exams, and, if necessary, take steps to address those problems, such as by developing tailored technical assistance for embassy-referred examiners.
- The Under Secretary for Benefits and Under Secretary for Health—in concert with the General Counsel—should assess and decide whether to reimburse beneficiaries for travel to disability medical exams in foreign countries.
- The Under Secretary for Health, working with the Under Secretary of Benefits, should identify ways to reimburse examiners who conduct disability medical exams via direct deposit in the local currency, assess the cost-effectiveness of these options, and implement the method it selects.

#### **ACTIONS TAKEN:**

- **Recommendation 1:** Completed. The Veterans Benefits Administration (VBA) has been and will continue to provide relevant policy changes to the Department of State (State), Bureau of Consular Affairs program staff who provide support to

the embassies, and to the Social Security Administration (SSA). VBA conducted 11 training sessions for Embassy staff and RFBOs during fiscal year (FY) 2020. These training sessions disseminate information on VA benefits and services, available resources, and relevant policy changes that impact Veterans and beneficiaries who live overseas. VBA will continue these training sessions in FY 2021. In January 2021, VBA also started a monthly review of policy changes for distribution to Embassy staff and RFBOs so that this information is included in the training sessions. VBA continues to work with the State Department and SSA to ensure shared lines of communication remain open and to identify and implement any process improvements.

- **Recommendation 2:** Completed. VBA has the capability to document the complete contact information for veterans living abroad within VBMS, and this capability has been available for several years. In October 2020, VBA developed a standardized process to update information in VA systems when the contact information changes cannot be performed through VBMS. This standardizes the process until the data fields can be updated in the system. On October 16, 2020, VBA issued the standardized procedures to all its claims processors.
- **Recommendation 3:** In process. VBA will initiate special tracking procedures for embassy-referred examinations. VBA will conduct an analysis of the tracked data to identify impact and resulting quality of embassy-referred exams. Target completion date: March 31, 2021.
- **Recommendation 4:** In process. VHA's Member Services is actively engaged in assessing the feasibility of providing beneficiary travel benefits to beneficiaries for travel expenses related to disability examinations in foreign countries, which would require a regulatory change. The current regulation at 38 C.F.R 70.1 only authorizes payments for travel expenses incurred in the United States (which is defined to include U.S. territories). The feasibility results are expected by the end of this calendar year and will inform any need for regulatory changes. Target completion date: December 31, 2021.
- **Recommendation 5:** In process. VHA's Office of Community Care (OCC) and VBA's Medical Disability Examination Office (MDEO) formed an integrated workgroup to determine VA's approach for reimbursing foreign providers who perform disability examinations in response to embassy referrals in a foreign country. Target completion date: May 1, 2021.

**BUDGET IMPLICATIONS:** None

**VA DISABILITY BENEFITS: VA Should Continue to Improve Access to Quality Disability Medical Exams for Veterans Living Abroad;** GAO-20-620. Report provided to VA 9/21/2020.

**RESPONSIBLE OFFICE:** Veterans Benefits Administration (VBA)

**RECOMMENDATIONS:**

- The Under Secretary for Benefits and Under Secretary for Health, in concert with the General Counsel, should assess whether to reimburse beneficiaries for travel to disability medical exams in foreign countries.

**ACTIONS TAKEN:** VHA will provide content to VBA as requested.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation currently.

- The Under Secretary for Health, working with the Under Secretary for Benefits should identify ways to reimburse examiners referred by embassy staff who conduct disability medical exams via direct deposit in the local currency, assess the cost-effectiveness of these options and implement the method it selects.

**ACTIONS TAKEN:** VHA will provide content to VBA as requested.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation currently.

**VETERANS COMMUNITY CARE PROGRAM: Improvements Needed to Help Ensure Timely Access to Care;** GAO-20-643. Report provided to VA 9/28/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- Align its monitoring metrics with the time frames established in the VCCP scheduling process. (Non-concur)

**ACTIONS TAKEN:** VHA did not take actions on this recommendation.

**BUDGET IMPLICATIONS:** n/a

- Conduct a review of community provider enrollment and use of the HSRM to include identifying and taking steps to remove any challenges to community provider enrollment and use; and, if determined appropriate, establish a requirement for community providers to use the HSRM.

**ACTIONS TAKEN:** An HSRM workgroup began reviewing data to determine how many provisioned CCN communities providers use HSRM and gathering feedback on both the challenges they face and what they consider the benefits of using HSRM. In addition, the workgroup began work with Office of Community Care (OCC) Provider Relations to leverage their network to conduct outreach to CCN community providers with messaging on the advantages of using HSRM. Weekly national HSRM training sessions attendance was between 150-300 community

providers. Support for community providers includes a toll free HSRM Support Desk number, an HSRM support email group, and weekly HSRM office hours. VHA worked with Third Party Administrators (TPAs) to ensure they encourage the use of HSRM as part of their provider education. Each facility provided their top ten community providers/facilities used in their catchment.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- Direct VAMC leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed.

**ACTIONS TAKEN:** Given the variability in size, complexity and needs of the local Veteran population and the variability of availability of care within the community care network, each VAMC had a different staffing composition relative to those with expertise pertaining to in-house and community care. Given this, it is important to note that each VAMC has their own strategies and plan to address staffing levels, recruitment efforts and retention challenges.

The recommended resource assessment focused on Cardiology, Gastroenterology and Pulmonary specialties and is underway through the Referral Coordination Initiative (RCI). This is a joint effort between the Office of Community Care (OCC) and the Office of Veterans Access to Care (OVAC). A validation process began to assess self-reported team ongoing implementation. To assist with the staffing assessment process, OCC released the Office of Community Care Staffing Tool as part of the Community Care Operating Model. The tool is designed to enable each site to quantify staffing resource needs necessary to successfully operate and execute the Community Care Operating Model. The tool incorporates the different tasks that are completed as part of the community care consult/referral management process and the average times that it takes to complete those tasks. Additionally, the tool captures the workload to provide staffing level recommendations for both administrative and clinical staff within the facility community care offices based on the workload and average task times. The OCC Care Staffing Tool is updated each fiscal year with workload numbers of the prior fiscal year.

**BUDGET IMPLICATIONS:** Budget implications for this recommendation are site specific, as it would be based on the recommended staffing levels based on the Office of Community Care Staffing Tool and the facility leaderships decision to hire staff to meet those recommendations.

**VA VET CENTERS: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing;** GAO-20-652. Report provided to VA 9/23/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should ensure the RCS Chief Officer evaluates Vet Center productivity expectations for counselors, including (1) obtaining systematic feedback from counselors on any potentially negative effects on client care, and (2) determining whether directors and counselors need additional training or guidance on how the expectations are calculated.

**ACTIONS TAKEN:** RCS began work with multiple VA and VHA Program Offices to develop a framework, including VHA's National Center for Organizational Development and VA's Veterans Experience Office. RCS maintains an oversight system that will incorporate questions regarding local implementation of productivity standards during site visits.

VA administered the 2020 All Employee Survey in late September/early October. Results are not yet available. RCS entered into an agreement with VA's Mental Illness Research Education Clinical Center to conduct a needs assessment to inform the plans for clinical training of counselors, including Vet Center Directors. RCS contracted with a consultant who will also be conducting an organizational education needs assessment across all staff cohorts and develop a training curriculum for each. RCS entered an agreement with the Veterans Experience Office to modernize a customer feedback program, which will provide real time customer experience information.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should ensure the RCS Chief Officer develops a plan and time frame for periodically reassessing its productivity expectations for counselors and implementing any needed changes as appropriate.

**ACTIONS TAKEN:** A formalized routine assessment process is an important part of employee performance (productivity). VHA began development of formal reassessments and timeframes utilizing the RCS Governance system and appropriate VA and VHA Program Offices. The system includes a newly established Workforce Development Council which is charged with creating and recommending a plan for the routine reassessment of productivity expectations.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should ensure the RCS Chief Officer develops and implements a Vet Center staffing model that incorporates key practices in the design of staffing models.

**ACTIONS TAKEN:** RCS engaged VHA's Manpower Management Office to ensure the RCS Staffing Model is updated and formalized in a manner that is compliant with VHA standards and accepted practices.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should ensure the RCS Chief Officer establishes a plan and time frames for assessing and updating its staffing model regularly, and for implementing any needed changes as warranted.

**ACTIONS TAKEN:** RCS engaged VHA's Manpower Management Office, Workforce Management and Consulting, to ensure the current RCS Staffing Model is updated and formalized in a manner that is compliant with VHA standards and accepted practices.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VETERAN SUICIDE: VA Needs Accurate Data and Comprehensive Analyses to Better Understand On-Campus Suicides;** GAO-20-664. Report provided to VA 9/9/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary of Health should in collaboration with relevant VBA and NCA officials, improve its process to accurately identify all on-campus veteran deaths by suicide by ensuring that it uses updated information and corroborates information with facility officials.

**ACTIONS TAKEN:** The Office of Mental Health and Suicide Prevention has established a standing committee that includes relevant representation from VHA, Veterans Benefits Administration, National Cemetery Administration and the Office of Security and Law Enforcement (OSLE). This committee provided the Under Secretary of Health with actionable recommendations to improve processes for accurately identifying on-campus Veteran deaths by suicide. In addition to reviewing current processes, the committee, with assistance from VA Policy and Planning and VHA Office of Regulatory and Administrative Affairs, reviewed, and as necessary, made recommendations for revisions to relevant policies.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary of Health should expand the policy requirement for a root cause analysis to include all cases of on-campus veteran death by suicide, regardless of whether the veterans involved were enrolled in VHA health care services at the time of their death. (Non-concur)

**ACTIONS TAKEN:** VHA did not take actions on this recommendation.

**BUDGET IMPLICATIONS:** n/a

- The Under Secretary of Health should direct the Office of Mental Health and Suicide Prevention to expand its analyses of on-campus veteran deaths by suicide to include all relevant information VA collects for these incidents, such as data from root causes analyses and information collected through the Behavioral Health Autopsy Program.

**ACTIONS TAKEN:** The Standing Committee has been established as outlined in actions taken within Recommendation 1. The Standing Committee made recommendations to the Under Secretary of Health to update processes and policies around coordination and data sharing associated with on-campus suicide death information.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

**VA HEALTH CARE: Additional Steps Could Help Improve Community Care Budget Estimates;** GAO-20-669. Report provided to VA 9/30/2020.

**RESPONSIBLE OFFICE:** Veterans Health Administration

**RECOMMENDATIONS:**

- The Under Secretary for Health should establish steps for communicating to VA's actuarial consultant information on data quality, including any limitations, used in the actuarial modeling that informs VA's community budget estimates.

**ACTIONS TAKEN:** It is necessary to clearly define data quality, integrity, limitations, and caveats for all users of community care data. The VHA Office of Community Care began work with the VA Chief Data Officer to establish a Community Care Data Governance process which will address data integrity, quality, limitations, and caveats related to Office of Community Care Data. VHA, in collaboration with the VA Office of Information and Technology and the VA Office of Enterprise Integration, began to develop relevant policy, process, and standards sufficient to inform the work performed by VA's actuarial consultant.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation

- The Under Secretary for Health should establish further steps for assessing and communicating to stakeholders the degree of overall uncertainty associated with actuarial projections for community care that inform the community care budget estimates.

**ACTIONS TAKEN:** The VHA Office of Finance began work with the VHA Office of Enrollment & Forecasting to develop comprehensive risk communication to stakeholders regarding the degree of overall uncertainty associated with the actuarial projections used to support the President's Budget (including the Community Care request).

VHA provided briefings, tools, exhibits, and memorandums to VA leadership and the Office of Management and Budget related to the actuarial projections from the VA Enrollee Health Care Projection Model that support the development of the VA Budget. Those communications included discussions about risks and uncertainties in the projections, but not always in a consolidated way.

**BUDGET IMPLICATIONS:** No budget implications for this recommendation



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## High-Risk Areas Identified by GAO

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The U.S. Government Accountability Office (GAO) evaluates VA's programs and operations. In March 2019, GAO issued an update to its High-Risk Series (GAO-19-157SP). In the 2019 report, GAO continued to identify two High-Risk Areas (HRAs) that are specific to VA: Managing Risks and Improving VA Health Care and Improving and Modernizing Federal Disability Programs. In addition, GAO identified a new area, VA Acquisition Management, as a high-risk area. VA's progress in addressing these issues can be found in the FY 2022/FY 2020 Annual Performance Plan and Report, which can be found on the VA website:

<https://www.va.gov/performance/>.

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## Major Management Challenges Identified by the OIG

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The Department's Office of Inspector General (OIG), an independent entity, evaluates VA's programs and operations. The OIG submitted a list of the most serious major management challenges (MMC) facing VA, which was incorporated in the Department's 2020 Agency Financial Report published in November 2020. The Department's response can be found online at: [FY 2020 Agency Financial Report \(va.gov\)](https://www.va.gov/financialreport/) starting on page 150. The table below identifies the topics covered in the MMCs in the latest Agency Financial Report.

Major Management Challenge	
No.	Topic
OIG 1	Health Care Services
OIG 2	Benefits for Veterans
OIG 3	Stewardship of Taxpayer Dollars
OIG 4	Information Systems and Innovation
OIG 5	Leadership and Governance

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## *Expenditures by State*

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## *Expenditures by State*

### Expenditures by State

The tables below provide actual FY 2020 expenditures by state (dollars in thousands).

State	2020 Expenditures <sup>1,2,3</sup>	State	2020 Expenditures <sup>1,2,3</sup>
Alabama	4,325,076	Montana	1,067,005
Alaska	875,583	Nebraska	1,512,897
Arizona	5,244,621	Nevada	2,743,751
Arkansas	2,674,496	New Hampshire	953,463
California	19,163,866	New Jersey	2,531,623
Colorado	4,094,830	New Mexico	1,887,261
Connecticut	1,492,741	New York	7,038,008
Delaware	589,308	North Carolina	9,130,064
District of Columbia	4,483,297	North Dakota	523,734
Florida	16,640,834	Ohio	10,204,669
Georgia	7,981,701	Oklahoma	4,021,873
Guam	136,690	Oregon	3,488,244
Hawaii	1,191,580	Pennsylvania	6,439,248
Idaho	1,330,005	Puerto Rico	1,815,905
Illinois	5,445,734	Rhode Island	663,050
Indiana	3,518,950	South Carolina	4,795,509
Iowa	1,743,879	South Dakota	842,833
Kansas	1,818,003	Tennessee	5,372,977
Kentucky	3,020,252	Texas	19,711,178
Louisiana	3,194,431	Utah	1,464,539
Maine	1,254,719	Vermont	385,650
Maryland	3,590,268	Virginia	7,298,839
Massachusetts	3,227,382	Washington	5,296,544
Michigan	4,879,482	West Virginia	2,473,779
Minnesota	3,329,309	Wisconsin	3,447,137
Mississippi	2,227,333	Wyoming	591,177
Missouri	4,489,859	<b>Total Expenditures</b>	<b>217,665,186</b>

1. Includes mandatory and discretionary spending.

2. Crosses all VA administrations and budget accounts.

3. Totals may not equal outlays reported in the President's Budget Appendix due to the recording of receipt account net outlays, rounding and timing issues.

Sources:

- Financial Management System
- Veterans Benefits Administration Data Systems
- Allocation Resource Center
- Prepared by the National Center for Veterans Analysis and Statistics

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## *Budget Tables 2020 - 2022*

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### **Part 5**

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## *Discretionary and Mandatory Net Budget Authority, Outlays and FTE*

### Net Budget Authority

The following table reflects net budget authority calculations by Treasury Account Symbol in alignment with the President's Budget Appendix. Appendix F of Office of Management and Budget's Circular A-11 provides the business rules: <https://www.whitehouse.gov>

(\$s in thousands)	2020 Actual	2021 Current Estimate	2022 Request & Transmit-4
<b>Mandatory Net Budget Authority by Account</b>			
<b>Veterans Health Administration</b>			
Medical Services (036-0160)	-	628,000	260,000
Medical Community Care (036-0140)	-	322,000	
Veterans Medical Care and Health Fund (036-0173)	-	14,482,000	-
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	-	80,000	-
Veterans Choice Fund (036-0172)	-	-	-
Canteen Service Revolving Fund (036-4014)	-	140,000	-
General Post Fund, National Homes (036-8180)	19,481	20,200	21,000
Medical Care Collections Fund (036-5287)	-	300,000	-
<b>Subtotal, Veterans Health Administration</b>	<b>19,481</b>	<b>15,972,200</b>	<b>281,000</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	-	648,000	-
Veterans Housing Benefit Program Fund (036-1119M)	75,279	667,034	-
Native American Veteran Housing Loan Program Account (036-1120M)	1,189	1,223	-
Veterans Insurance and Indemnities (036-0120)	128,960	131,372	136,950
National Service Life Insurance Fund (036-8132)	525,644	456,399	363,000
Compensation and Pensions (036-0102)	110,457,083	124,357,227	137,575,487
Readjustment Benefits (036-0137)	14,065,282	12,578,965	14,946,618
Servicemembers Group Life Insurance Fund (036-4009)	-	-	-
Veterans Reopened Insurance Fund (036-4010)	-	-	-
Service-disabled Veterans Insurance Fund (036-4012)	-	-	-
Housing Liquidating Account (036-4025)	(7,024)	(6,121)	(4,767)
Veterans Special Life Insurance Fund (036-8455)	-	-	-
<b>Subtotal, Benefits Programs</b>	<b>125,246,413</b>	<b>138,834,098</b>	<b>153,017,287</b>
<b>Departmental Administration</b>			
Information Technology Systems (036-0167)	-	100,000	-
Office of Inspector General (036-0170)	-	10,000	-
Grants for Construction of State Extended Care Facilities (036-0181)	-	500,000	-
Board of Veterans Appeals (036-1122)	-	10,000	-
Construction, Major Projects (036-0110)	-	-	15,000,000
Construction, Minor Projects (036-0111)	-	-	3,000,000
<b>Subtotal, Departmental Administration</b>	<b>0</b>	<b>620,000</b>	<b>18,000,000</b>

(\$s in thousands)	2020 Actual	2021 Current Estimate	2022 Request & Transmit-4
<b>Department of Veterans Affairs Receipt Accounts</b>			
Contributions from Military Personnel, Veterans Educational Act (247300)	(131,000)	(140,356)	(128,079)
Housing Downward Reestimates (273330)	(2,567,463)	(2,022,089)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(342)	(2,241)	(1,809)
Housing Negative Subsidies (275510)	(1,087,125)	(1,968,836)	(232,909)
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	29,000	(52,000)	(53,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	13,000	(6,000)	(7,000)
NSLI Fund, Premium and Other Receipts (813210)	(39,263)	(30,930)	(22,890)
General Post Fund, National Homes, Deposits (8180001)	(17,000)	(52,000)	(53,000)
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(3,000)	(5,000)	(6,000)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(523)	(795)	-
<b>Subtotal, Department of Veterans Affairs Receipt Accounts</b>	<b>-3,803,716</b>	<b>-4,280,248</b>	<b>-504,686</b>
<b>Subtotal, Mandatory Net Budget Authority by Account</b>	<b>121,462,178</b>	<b>151,146,051</b>	<b>170,793,601</b>
<b>Discretionary Net Budget Authority By Account</b>			
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140)	17,335,000	19,071,002	23,996,704
Medical Support and Compliance (036-0152)	7,923,532	8,168,978	8,372,504
Medical Services (036-0160)	67,619,153	58,152,964	62,123,536
Medical and Prosthetic Research (036-0161)	750,000	795,000	882,000
Medical Facilities (036-0162)	6,708,635	6,542,968	6,641,850
DOD-VA Health Care Sharing Incentive Fund (036-0165)	14,000	30,000	30,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	455,090	473,536	532,911
<b>Subtotal, Veterans Health Administration</b>	<b>100,805,410</b>	<b>93,234,448</b>	<b>102,579,505</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,138,000	3,502,000	3,423,000
Veterans Housing Benefit Program Fund (036-1119D)	200,377	204,400	229,500
Native American Veteran Housing Loan Program Account (036-1120D)	1,571	1,644	1,618
<b>Subtotal, Benefits Programs</b>	<b>3,339,949</b>	<b>3,708,044</b>	<b>3,654,118</b>
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	1,235,200	1,316,000	1,611,000
Construction, Minor Projects (036-0111)	400,000	354,300	553,000
National Cemetery Administration (036-0129)	329,000	364,000	394,000
General Administration (036-0142)	362,000	354,000	401,400
Information Technology Systems (036-0167)	6,513,835	4,911,415	4,834,807
Office of Inspector General (036-0170)	222,500	228,000	239,000
Grants for Construction of State Extended Care Facilities (036-0181)	240,000	90,000	-
Grants for Construction of Veterans Cemeteries (036-0183)	45,000	45,000	45,000
Board of Veterans Appeals (036-1122)	174,000	197,000	228,000
Franchise Fund (036-4539)	-	-	-
Supply Fund (036-4537)	-	-	-
Electronic Health Care Record Modernization (036-1123)	1,430,000	2,607,000	2,663,000
Asset Infrastructure Review Commission (036-1130)	-	-	5,000
Recurring Expenses Transformation Fund (036-1124)	-	-	-
<b>Subtotal, Departmental Administration</b>	<b>10,951,535</b>	<b>10,466,715</b>	<b>10,974,207</b>

(\$s in thousands)	2020 Actual	2021 Current Estimate	2022 Request & Transmit-4
<b>Department of Veterans Affairs Receipt Accounts</b>			
MCCF Pharmaceutical Co-Payments (528710)	-273,514	-184,959	-389,924
MCCF Third Part Prescription Claims (528711)	-143,553	-150,608	-191,291
MCCF Enhanced-use Lease Proceeds (528712)	-1,166	-1,134	-1,134
MCCF Fee Basis 3rd Party MCCF (528713)	-552,382	-475,881	-602,165
MCCF First Party Collections (528730)	-109,518	-41,152	-170,000
MCCF Third Party Collections (528740)	-2,161,269	-2,040,944	-2,649,000
MCCF Parking Fees (528760)	-3,906	-3,270	-3,270
MCCF Compensated Work Therapy (528770)	-47,777	-53,961	-53,961
MCCF Payments from Compensation and Pension (528780)	-2,015	-1,635	-1,635
MCCF Long-term Care Copayments (528790)	-1,498	-468	-2,116
MCCF Fee Based First Party Collections (528714)	-12,581	-11,434	-21,063
<b>Subtotal, Department of Veterans Affairs Receipt Accounts</b>	<b>-3,309,179</b>	<b>-2,965,446</b>	<b>-4,085,559</b>
<b>Subtotal, Discretionary Net Budget Authority by Account</b>	<b>111,787,714</b>	<b>104,443,761</b>	<b>113,122,271</b>
<b>Total, Mandatory and Discretionary Net Budget Authority by Account</b>	<b>233,249,892</b>	<b>255,589,812</b>	<b>283,915,872</b>

Notes:

- The President's Budget Appendix combines the Native American and Vocational Rehabilitation Direct Loan Program Accounts into one account; the National Cemetery Administration, Cemetery Operations and Maintenance and Cemetery Gift Fund into one account; and the Pershing Hall Revolving Fund and General Administration Account into one account.
- Any differences in totals from the President's Budget Appendix are due to rounding.

## Net Outlays

The following table reflects net budget authority calculations by Treasury Account Symbol in alignment with the President's Budget Appendix. Appendix F of Office of Management and Budget's Circular A-11 provides the business rules: <https://www.whitehouse.gov>

(\$s in thousands)	2020 Actual	2021 Enacted	2022 Request
<b>Mandatory Net Outlays by Account</b>			
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140)	-	188,000	105,000
Medical Support and Compliance (036-0152)	1,000	2,000	2,000
Medical Services (036-0160)	7,000	4,000	569,000
Medical Facilities (036-0162)	49,000	40,000	35,000
Veterans Choice Fund (036-0172)	2,098,529	232,000	200,000
General Post Fund, National Homes (036-8180)	16,000	18,000	19,000
Canteen Service Revolving Fund (036-4014)	16,216	110,000	23,000
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	-	80,000	-
Veterans Medical Care and Health Fund (036-0173)	-	6,000	13,183,000
Medical Care Collections Fund (036-5287)	-	297,000	3,000
<b>Subtotal, Veterans Health Administration</b>	<b>2,187,745</b>	<b>977,000</b>	<b>14,139,000</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	-	143,000	382,000
Veterans Housing Benefit Program Account (036-1119)	75,000	667,000	-
Veterans Housing Benefit Program Account (036-1120)	1,000	1,000	-
Veterans Insurance and Indemnities (036-0120)	125,540	135,835	141,950
National Service Life Insurance Fund (036-8132)	625,194	551,300	467,000
Compensation and Pensions (036-0102)	110,123,650	122,459,758	148,344,000
Readjustment Benefits (036-0137)	12,924,000	13,202,000	14,100,000
Servicemembers Group Life Insurance Fund (036-4009)	(961,192)	(1,262,000)	(630,000)
Veterans Reopened Insurance Fund (036-4010)	18,147	14,831	11,953
Service-disabled Veterans Insurance Fund (036-4012)	(26,602)	(6,351)	-
Housing Liquidating Account (036-4025)	(8,028)	(5,310)	(4,767)
Veterans Special Life Insurance Fund (036-8455)	136,373	154,884	144,670
<b>Subtotal, Benefits Programs</b>	<b>123,033,081</b>	<b>136,055,947</b>	<b>162,956,806</b>
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	-	-	622,000
Construction, Minor Projects (036-0111)	26,000	31,000	51,000
Information Technology Systems (036-0167)	23,000	-	90,000
Office of Inspector General (036-0170)	-	-	8,000
Board of Veterans Appeals (036-1122)	-	1,000	6,000
Supply Fund (036-4537)	(2,000)	753,000	(21,000)
<b>Subtotal, Departmental Administration</b>	<b>47,000</b>	<b>785,000</b>	<b>756,000</b>

(\$s in thousands)	2020 Actual	2021 Enacted	2022 Request
<b>Department of Veterans Affairs Receipt Accounts</b>			
Contributions from Military Personnel, Veterans Educational Act (247300)	(131,000)	(140,000)	(128,000)
Housing Downward Reestimates (273330)	(2,567,000)	(2,022,000)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	-	(2,000)	(2,000)
Housing Negative Subsidies (275510)	(1,090,000)	(1,972,000)	(246,000)
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	29,000	(52,000)	(53,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	13,000	(6,000)	(7,000)
NSLI Fund, Premium and Other Receipts (813210)	(27,000)	(31,000)	(23,000)
General Post Fund, National Homes, Deposits (8180001)	(17,000)	(52,000)	(53,000)
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(3,000)	(5,000)	(6,000)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(1,000)	(1,000)	-
<b>Subtotal, Department of Veterans Affairs Receipt Accounts</b>	<b>(3,794,000)</b>	<b>(4,283,000)</b>	<b>(518,000)</b>
<b>Subtotal, Mandatory Net Outlays by Account</b>	<b>121,473,826</b>	<b>133,534,947</b>	<b>177,333,806</b>
<b>Discretionary Net Outlays by Account</b>			
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140)	18,083,984	14,790,336	21,164,631
Medical Support and Compliance (036-0152)	7,555,775	8,117,125	8,341,822
Medical Services (036-0160)	55,323,000	58,453,651	64,301,000
Medical and Prosthetic Research (036-0161)	778,000	762,000	857,000
Medical Facilities (036-0162)	6,395,131	6,511,000	7,400,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	15,000	12,000	18,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	469,826	463,000	530,902
<b>Subtotal, Veterans Health Administration</b>	<b>88,620,716</b>	<b>89,109,113</b>	<b>102,613,355</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	2,432,000	4,206,000	3,359,000
Veterans Housing Benefit Program Account (036-1119)	168,000	247,000	230,000
Veterans Housing Benefit Program Account (036-1120)	2,000	2,000	1,000
<b>Subtotal, Benefits Programs</b>	<b>2,602,000</b>	<b>4,455,000</b>	<b>3,590,000</b>
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	1,330,000	1,190,341	1,250,247
Construction, Minor Projects (036-0111)	569,063	424,498	343,000
National Cemetery Administration (036-0129)	321,000	365,000	338,000
General Administration (036-0142)	303,800	470,800	382,800
Information Technology Systems (036-0167)	4,940,000	5,721,000	4,931,000
Office of Inspector General (036-0170)	213,000	193,000	228,000
Grants for Construction of State Extended Care Facilities (036-0181)	214,000	405,154	229,850
Grants for Construction of Veterans Cemeteries (036-0183)	44,000	93,000	45,000
Board of Veterans Appeals (036-1122)	186,000	175,000	217,000
Franchise Fund (036-4539)	(102,000)	(55,000)	(25,000)
Electronic Health Care Record Modernization (036-1123)	991,000	2,821,000	2,634,000
Asset Infrastructure Review Commission (036-1130)	-	-	4,000
<b>Subtotal, Departmental Administration</b>	<b>9,009,863</b>	<b>11,803,793</b>	<b>10,577,897</b>

(\$s in thousands)	2020 Actual	2021 Enacted	2022 Request
<b>Department of Veterans Affairs Receipt Accounts</b>			
Pharmaceutical Co-payments, MCCF (036-5287.001)	(273,514)	(184,959)	(389,924)
Medical Care Collections Fund, Third Party Prescription Claims (036-5287.011)	(143,553)	(150,608)	(191,291)
Enhanced-use Lease Proceeds, MCCF (036-5287.010)	(1,166)	(1,134)	(1,134)
Fee Basis 3rd Party MCCF (036-5287.013)	(552,382)	(475,881)	(602,165)
First Party Collections, MCCF (036-5287.003)	(109,518)	(41,152)	(170,000)
Third Party Collections, MCCF (036-5287.004)	(2,161,269)	(2,040,944)	(2,649,000)
Parking Fees, MCCF (036-5287.006)	(3,906)	(3,270)	(3,270)
Compensated Work Therapy, MCCF 0 (036-5287.007)	(47,777)	(53,961)	(53,961)
Payments from Compensation and Pension, MCCF (036-5287.008)	(2,015)	(1,635)	(1,635)
MCCF, Long-term Care Copayments (036-5287.009)	(1,498)	(468)	(2,116)
Fee Basis First Party Collections, Medical Care Collections Fund (036-5287.014)	(12,581)	(11,434)	(21,063)
<b>Subtotal, Department of Veterans Affairs Receipt Accounts</b>	<b>(3,309,179)</b>	<b>(2,965,446)</b>	<b>(4,085,559)</b>
<b>Subtotal, Discretionary Net Outlays by Account</b>	<b>96,923,400</b>	<b>102,402,460</b>	<b>112,695,693</b>
<b>Total, Mandatory and Discretionary Net Outlays by Account</b>	<b>218,397,227</b>	<b>235,937,407</b>	<b>290,029,499</b>

Notes:

- The President's Budget Appendix combines the Native American and Vocational Rehabilitation Direct Loan Program Accounts into one account; the National Cemetery Administration, Cemetery Operations and Maintenance and Cemetery Gift Fund into one account; and the Pershing Hall Revolving Fund and General Administration Account into one account.
- Any differences in totals from the President's Budget Appendix are due to rounding.

## Full-Time Equivalent Employees (FTE)

The following table reflects funded FTE from all sources by administration and office. Sources of funding supporting FTEs include discretionary appropriations (emergency and non-emergency) and enacted mandatory appropriations (including the American Rescue Plan), as well as requested funding in support of the American Families Plan.

All funding sources	2020 Enacted	2021 Enacted	2022 Request	2021 v 2022 Change	
				#	%
Medical Care	338,089	352,444	369,847	17,403	4.9%
DoD-VA Health Care Sharing Incentive Fund	11	11	11	0	0.0%
Joint DoD/VA Demonstration Fund	2,178	2,290	2,308	18	0.8%
Medical Research	3,418	3,454	3,585	131	3.8%
Canteen Service	2,977	3,285	3,500	215	6.5%
<b>Subtotal Veterans Health Administration FTE</b>	<b>346,673</b>	<b>361,484</b>	<b>379,251</b>	<b>17,767</b>	<b>4.9%</b>
National Cemetery Administration	2,026	2,120	2,217	97	4.6%
Information Technology	7,828	9,154	8,766	(388)	-4.2%
Electronic Health Record Modernization	114	226	337	111	49.1%
Veterans Benefits Administration*	24,758	24,743	25,303	560	2.3%
General Administration**	2,612	2,900	3,341	441	15.2%
Board of Veterans Appeals	1,157	1,194	1,356	162	13.6%
Inspector General	1,001	1,041	1,100	59	5.7%
Franchise Fund	1,821	2,341	2,481	140	6.0%
Supply Fund	981	1,135	1,276	141	12.4%
<b>Total FTE</b>	<b>388,971</b>	<b>406,338</b>	<b>425,428</b>	<b>19,090</b>	<b>4.7%</b>

\*VBA FTE in the 2020 column of the Appendix differ from the table above due to a data entry error in the Appendix.

\*\*General Administration FTE in the 2022 column of the Appendix differ from the table above due to a data entry error in the Appendix.

## Departmental General Administration

### FTE by Office

Office	2020 Actual	2021 Request	2021 Enacted	2022 Request
<b>Direct FTE</b>				
Office of the Secretary	96	89	88	80
General Counsel	635	752	675	717
Management	234	312	267	316
Human Resources & Administration/ Operations, Security & Preparedness	335	411	338	346
Enterprise Integration	91	110	91	106
Public & Intergovernmental Affairs	83	95	84	67
Congressional & Legislative Affairs	47	55	49	40
Acquisition, Logistics & Construction	-	-	-	-
Veterans Experience	-	69	-	-
Accountability & Whistleblower Protection	79	125	108	135
<b>Subtotal, Direct Funded FTEs</b>	<b>1,600</b>	<b>2,018</b>	<b>1,700</b>	<b>1,807</b>
<b>Offsetting Collections</b>				
Office of the Secretary	26	36	31	36
General Counsel	130	146	146	149
Management	4	4	4	4
Human Resources & Administration/ Operations, Security & Preparedness	348	465	428	483
Enterprise Integration	7	12	3	-
Public & Intergovernmental Affairs	-	-	-	-
Congressional & Legislative Affairs	-	-	-	-
Acquisition, Logistics & Construction	369	568	407	571
Veterans Experience	128	154	181	291
Accountability & Whistleblower Protection	-	-	-	-
<b>Subtotal, Offsetting Collection FTE</b>	<b>1,012</b>	<b>1,385</b>	<b>1,200</b>	<b>1,534</b>
<b>Total, FTE</b>	<b>2,612</b>	<b>3,403</b>	<b>2,900</b>	<b>3,341</b>

Note: Total FTE include carryover FTE



## Appropriation Reconciliation

### Regular Appropriation Reconciliation

(\$s in thousands)

Appropriation/Fund Account	2020 Enacted	2021 Enacted	2022 Request
<b>Federal funds:</b>			
<b>Benefit programs:</b>			
Disability Compensation Mandatory Benefits	105,359,139	119,244,411	132,384,920
Burial Mandatory Benefits	337,244	404,286	418,008
Pensions Mandatory Benefits	4,760,700	4,708,530	4,772,559
<b>Subtotal, Compensation and Pension</b>	<b>110,457,083</b>	<b>124,357,227</b>	<b>137,575,487</b>
Readjustment Benefits	14,065,282	12,578,965	14,946,618
Insurance Mandatory Benefits	128,960	131,372	136,950
Voc Rehab Mandatory Upward Reestimates	40	21	
Veterans Housing Mandatory Upward Reestimates	75,279	667,034	
Native American Veterans Housing Mandatory Upward Reestimates	1,149	1,202	
Housing Liquidating Account	-7,024	-6,121	-4,767
<b>Subtotal, Mandatory Benefits</b>	<b>124,720,769</b>	<b>137,729,700</b>	<b>152,654,288</b>
<b>Veterans Choice Act transfer to Medical Community Care</b>	<b>-615,000</b>		
Medical and Prosthetic Research	800,000	815,000	882,000
Rescission P.L. 116-94	-50,000		
Rescission P.L. 116-260		-20,000	
<b>Subtotal, Medical and Prosthetic Research</b>	<b>750,000</b>	<b>795,000</b>	<b>882,000</b>
<b>Medical programs:</b>			
Medical Services (Advance Appropriation)	51,411,165	56,158,015	58,897,219
Annual Appropriation		497,468	
Rescission P.L. 116-94	-350,000		
Rescission P.L. 116-260		-100,000	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-210,309	-215,945	-203,805
Transfer to VA/DoD Health Care Sharing Incentive Fund	-15,000	-15,000	-15,000
Medical Care Collections Fund	2,846,297	2,464,526	3,445,122
<b>Subtotal, Medical Services with Collections</b>	<b>53,682,153</b>	<b>58,789,064</b>	<b>62,123,536</b>
Medical Community Care (Advance Appropriation)	10,758,399	17,131,179	20,148,244
Annual Appropriation	3,906,400	1,380,800	3,269,000
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-27,651	-28,392	-43,768
Transfer from Veterans Choice Act	615,000		
Medical Care Collections Fund to Medical Community Care	569,139	487,315	623,228
<b>Subtotal, Medical Community Care with Collections</b>	<b>15,821,287</b>	<b>18,970,902</b>	<b>23,996,704</b>

**Regular Appropriation Reconciliation**

(dollars in thousands)

<b>Appropriation/Fund Account</b>	<b>2020 Enacted</b>	<b>2021 Enacted</b>	<b>2022 Request</b>
Medical Support and Compliance (Advance Appropriation)	7,239,156	7,914,191	8,403,117
Annual Appropriation	98,800	300,000	
Rescission P.L. 115-244, Section 236			
Rescission P.L. 116-94	-10,000		
Rescission P.L. 116-260		-15,000	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-29,424	-30,213	-30,613
<b>Subtotal, Medical Support and Compliance</b>	<b>7,298,532</b>	<b>8,168,978</b>	<b>8,372,504</b>
Medical Facilities (Advance Appropriation)	6,141,880	6,433,265	6,734,680
Annual Appropriation		150,000	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-39,245	-40,297	-92,830
<b>Subtotal, Medical Facilities</b>	<b>6,102,635</b>	<b>6,542,968</b>	<b>6,641,850</b>
VA/DoD Health Care Sharing Incentive Fund			
Transfer from Medical Services	15,000	15,000	15,000
Transfer from DoD	15,000	15,000	15,000
Rescission P.L. 116-94	-15,949		
<b>Subtotal, VA/DoD Health Care Sharing Incentive Fund</b>	<b>14,051</b>	<b>30,000</b>	<b>30,000</b>
Joint DoD/VA Medical Facility Demonstration Fund			
Transfer from DoD	127,000	137,000	137,000
Transfer from Medical Services	210,309	215,945	203,805
Transfer from Medical Support and Compliance	29,424	30,213	30,613
Transfer from Medical Facilities	39,245	40,297	92,830
Transfer from Medical Community Care	27,651	28,392	43,768
Transfer from Medical Care Collections Fund	13,681	13,604	16,602
Transfer from Information Technology	7,780	8,085	7,993
<b>Subtotal, Joint DoD/VA Medical Facility Demonstration Fund</b>	<b>455,090</b>	<b>473,536</b>	<b>532,611</b>
Grants for State Extended Care	90,000	90,000	0
<b>Subtotal, Veterans Health Administration</b>	<b>83,598,748</b>	<b>93,860,448</b>	<b>102,579,205</b>
<b>National Cemetery Administration</b>	329,000	352,000	394,000
Rescission P.L. 116-94	-1,000		
<b>Subtotal, National Cemetery Administration*</b>	<b>328,000</b>	<b>352,000</b>	<b>394,000</b>
Grants for State Cemeteries	45,000	45,000	45,000
General Administration	355,911	365,911	401,200
Rescission P.L. 116-260		-12,000	
<b>Subtotal, General Administration</b>	<b>355,911</b>	<b>353,911</b>	<b>401,200</b>
Board of Veterans' Appeals	182,000	196,000	228,000
Rescission P.L. 116-94	-8,000		
<b>Subtotal, Board of Veterans' Appeals</b>	<b>174,000</b>	<b>196,000</b>	<b>228,000</b>

**Regular Appropriation Reconciliation**

(dollars in thousands)

<b>Appropriation/Fund Account</b>	<b>2020 Enacted</b>	<b>2021 Enacted</b>	<b>2022 Request</b>
VBA-GOE	3,125,000	3,180,000	3,423,000
Rescission P.L. 116-260		-16,000	
<b>Subtotal, VBA-GOE</b>	<b>3,125,000</b>	<b>3,164,000</b>	<b>3,423,000</b>
 Vocational Rehabilitation Direct Loan Admin and Subsidy	460	458	432
Native American Direct Loan Admin	1,186	1,186	1,186
Veterans Housing Benefits Admin	200,377	204,400	229,500
<b>Subtotal, Credit Reform</b>	<b>202,023</b>	<b>206,044</b>	<b>231,118</b>
 Asset and Infrastructure Review Commission			5,000
Office of Inspector General	210,000	228,000	239,000
 Construction Major	1,235,200	1,316,000	1,611,000
Construction Minor	398,800	390,000	553,000
Rescission P.L. 116-260		-35,700	
<b>Subtotal, Minor Construction</b>	<b>398,800</b>	<b>354,300</b>	<b>553,000</b>
<b>Subtotal, Major and Minor Construction</b>	<b>1,634,000</b>	<b>1,670,300</b>	<b>2,164,000</b>
 Electronic Health Records Modernization (EHRM)	1,500,000	2,627,000	2,663,000
Rescission P.L. 116-94	-70,000		
Rescission P.L. 116-260		-20,000	
<b>Subtotal, EHRM Budget Authority</b>	<b>1,430,000</b>	<b>2,607,000</b>	<b>2,663,000</b>
 Information Technology	4,371,615	4,912,000	4,842,800
Rescission P.L. 116-260		-37,500	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	-7,780	-8,085	-7,993
<b>Subtotal, Information Technology</b>	<b>4,363,835</b>	<b>4,866,415</b>	<b>4,834,807</b>
 <b>Subtotal, Discretionary Appropriations net of rescission w/o MCCF</b>	<b>\$92,037,400</b>	<b>\$104,583,673</b>	<b>\$113,122,378</b>
<b>Subtotal, Discretionary Appropriations net of rescission w/ MCCF</b>	<b>\$95,466,517</b>	<b>\$107,549,118</b>	<b>\$117,207,330</b>
<b>Total VA with MCCF</b>	<b>\$220,187,286</b>	<b>\$245,278,818</b>	<b>\$269,861,618</b>

\* P.L. 116-94 included rescissions against prior year unobligated balances.

**2020 COVID-19 Supplemental Appropriations\* Including Transfers**

(\$s in thousands)	<b>Appropriations*</b>	<b>Unobligated Balance Transfers</b>	<b>Appropriations Transfers</b>	<b>Reallocated Appropriations</b>
Medical Services	14,462.000	(3,575.000)	(786.000)	10,101.000
Medical Community Care	2,130.000	3,400.000	100.000	5,630.000
Medical Support and Compliance	100.000	75.000	150.000	325.000
Medical Facilities	606.000	100.000	-	706.000
<b>Subtotal Medical Care Appropriations</b>	<b>17,298.000</b>	<b>-</b>	<b>(536.000)</b>	<b>16,762.000</b>
Grants for Construction of State Extended Care Facilities	150.000	-	-	150.000
Canteen Service Revolving Fund	-	-	140.000	140.000
<b>Subtotal Veterans Health Administration</b>	<b>17,448.000</b>	<b>-</b>	<b>(396.000)</b>	<b>17,052.000</b>
Information Technology Systems	2,150.000	-	45.000	2,195.000
General Operating Expenses, Veterans Benefits Administration	13.000	-	338.000	351.000
Board of Veterans' Appeals	-	-	1.000	1.000
National Cemetery Administration	-	-	12.000	12.000
General Administration	6.000	-	-	6.000
Office of Inspector General	12.500	-	-	12.500
<b>Total Department of Veterans Affairs</b>	<b>19,629.500</b>	<b>-</b>	<b>-</b>	<b>19,629.500</b>

\* \$60 million in the Families First Coronavirus Response Act (P.L. 116-127) and \$19.57 billion in the CARES Act (P.L. 116-136).

\$150 million in CARES Act funding was transferred from Medical Services to Medical Support and Compliance in 2020. All other CARES Act transfers were executed, or anticipated to be executed, in 2021.

### 2021 COVID-19 Supplemental Appropriations

(\$s in millions)	Section 1/	Appropriations*
Medical Services	8007	628.000
Medical Community Care	8004, 8007	322.000
Veterans Medical Care and Health Fund 2/	8002	14,482.000
Emergency Employee Leave Fund	8008	80.000
<b>Subtotal Medical Care Appropriations</b>		<b>15,512.000</b>
Medical Care Collections Fund	8007	300.000
Grants for Construction of State Extended Care Facilities	8004	500.000
<b>Subtotal Veterans Health Administration</b>		<b>16,312.000</b>
Information Technology Systems	8003	100.000
General Operating Expenses, Veterans Benefits Administration	8001, 8006	648.000
Board of Veterans' Appeals	8001	10.000
Office of Inspector General	8005	10.000
<b>Total Department of Veterans Affairs</b>		<b>17,080.000</b>

\*American Rescue Plan Act of 2021, P.L. 117-2

1/ Displays the section of P.L. 117-2 that provided the funding.

2/ The Veterans Medical Care and Health Fund was established to execute section 8002 of the American Rescue Plan Act of 2021.

### 2022 Mandatory Proposed Legislation

(\$s in millions)	Appropriations
Medical Services*	260
Construction, Major Projects	15,000
Construction, Minor Projects	3,000
<b>Subtotal, Construction**</b>	<b>18,000</b>
<b>Total Department of Veterans Affairs</b>	<b>18,260</b>

\* American Families Plan

\*\* American Jobs Plan

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**Department of Veterans Affairs  
FY 2017 - 2021 Historical Appropriations: Requested and Enacted**

(\$ in millions)	2017 Requested	2017 Enacted	2018 Requested	2018 Enacted	2019 Requested	2019 Enacted	2020 Requested	2020 Enacted ***	2021 Requested	2021 Enacted****
Benefit programs:										
Compensation and Pensions (mandatory)	86,083	86,083	86,895	90,119	97,068	98,763	109,017	110,457	121,061	124,357
Readjustment Benefits (mandatory)	16,341	16,341	13,667	13,709	11,862	11,832	14,065	14,065	12,579	12,579
Housing and Credit Reform (mandatory)	574	876	378	1,035	222	211	2	75	0	667
Insurance (mandatory)	109	109	120	120	106	109	129	129	131	131
<b>Total Benefits Mandatory</b>	<b>103,106</b>	<b>103,408</b>	<b>101,059</b>	<b>104,983</b>	<b>109,258</b>	<b>110,915</b>	<b>123,213</b>	<b>124,727</b>	<b>133,771</b>	<b>137,735</b>
Medical programs:										
Medical care:										
Medical Services	52,752	45,372	45,918	46,110	50,161	49,911	51,411	51,061	56,655	56,555
Medical Community Care	0	7,246	9,663	9,828	8,385	9,385	15,280	15,280	18,512	18,512
Medical Support & Compliance	6,524	6,498	6,939	6,758	7,239	7,028	7,338	7,328	8,214	8,199
Medical Facilities	5,723	5,313	6,515	7,217	5,914	6,807	6,142	6,142	6,583	6,583
<b>Subtotal, Medical Care (discretionary)</b>	<b>64,999</b>	<b>64,429</b>	<b>69,035</b>	<b>69,913</b>	<b>71,699</b>	<b>73,131</b>	<b>80,171</b>	<b>79,811</b>	<b>89,964</b>	<b>89,850</b>
Veterans Choice Act (mandatory)	0	2,100	2,874	7,300	0	0	0	0	0	0
Veterans Choice Act (discretionary)					0	0	0	0	0	0
Medical Research and Support	663	673	640	722	727	779	762	750	787	795
DoD Transfers for Joint Accounts		95			128	128	142	126	152	152
<b>Subtotal, medical programs (discretionary)*</b>	<b>65,662</b>	<b>65,197</b>	<b>69,675</b>	<b>70,635</b>	<b>72,555</b>	<b>74,038</b>	<b>81,075</b>	<b>80,687</b>	<b>90,903</b>	<b>90,797</b>
Transfer from Veterans Choice to Community National Cemetery Administration	286	286	306	306	316	316	329	-615	328	352
Departmental Administration										
General Administration	418	345	347	336	368	356	369	356	413	354
Board of Veterans' Appeals	156	156	156	161	175	175	182	174	198	196
Veterans Benefits Administration	2,826	2,844	2,844	2,910	2,869	2,956	3,000	3,125	3,207	3,164
Inspector General	160	160	160	164	172	192	207	210	228	228
Construction-Major	528	528	512	512	1,127	2,177	1,235	1,235	1,373	1,316
Construction - Minor	372	372	343	768	707	800	399	399	400	354
Grants for State Extended Care Facilities	80	90	90	685	150	150	90	90	90	90
Grants for State Cemeteries	45	45	45	45	45	45	45	45	45	45
Credit Reform (discretionary)	200	200	180	180	202	202	202	202	206	206
Electronic Health Records Modernization	0	0	0	782	1,207	1,107	1,603	1,430	2,627	2,607
Information Technology	4,278	4,270	4,056	4,056	4,185	4,103	4,343	4,372	4,912	4,875
<b>Discretionary Programs</b>	<b>\$75,013</b>	<b>\$74,494</b>	<b>\$78,713</b>	<b>\$81,540</b>	<b>\$84,077</b>	<b>\$86,618</b>	<b>\$93,079</b>	<b>\$92,037</b>	<b>\$104,962</b>	<b>\$104,584</b>
<b>Mandatory Programs**</b>	<b>\$103,106</b>	<b>\$105,508</b>	<b>\$103,933</b>	<b>\$112,283</b>	<b>\$109,258</b>	<b>\$110,915</b>	<b>\$123,213</b>	<b>\$124,727</b>	<b>\$133,771</b>	<b>\$137,735</b>
<b>VA Total</b>	<b>\$178,119</b>	<b>\$180,002</b>	<b>\$182,646</b>	<b>\$193,823</b>	<b>\$193,335</b>	<b>\$197,533</b>	<b>\$216,292</b>	<b>\$216,764</b>	<b>\$238,733</b>	<b>\$242,318</b>

\* 2018 and 2019 includes hurricane supplemental appropriation, and Veterans Choice Act mandatory appropriation are reflected in mandatory totals.

\*\* 2017 and 2018 include Veterans Choice Act mandatory appropriations.

\*\*\*The Further Consolidated Appropriations Act, 2020 (Public Law 116-94) rescinded \$504.9 million in prior year unobligated balances and authorized a mandatory balance transfer of \$615 million from the Veterans Choice Fund to the discretionary Medical Community Care account. Excludes COVID-19 Supplemental Appropriations

\*\*\*\*Excludes American Rescue Plan Supplemental Appropriations, (Public Law 117-2)

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## Functional Distribution of Budget Authority (Net)

### Functional distribution of Budget Authority (Net)

The following table provides the functional distribution of budget authority, dollars in thousands, aligned with the President's Budget Appendix dollars in millions including all funding sources.

Function and Program	2020 Actual	2021 Enacted	2022 Request
<b>701: Income security for veterans:</b>			
Compensation and Pensions	110,457,083	124,357,227	137,575,487
Veterans Insurance and Indemnities	128,960	131,372	136,950
National Service Life Insurance Fund	525,644	456,399	363,000
<b>Subtotal, income security for veterans</b>	<b>111,111,687</b>	<b>124,944,997</b>	<b>138,075,437</b>
<b>702: Veterans education, training and rehabilitation:</b>			
Readjustment Benefits	14,065,282	12,578,965	14,946,618
Contributions from Military Personnel, Veterans Educational Act	(131,000)	(140,356)	(128,079)
NSLI Fund, Premium and Other Receipts	(39,263)	(30,930)	(22,890)
<b>Subtotal, veterans education, training and rehabilitation</b>	<b>13,895,019</b>	<b>12,407,679</b>	<b>14,795,649</b>
<b>703: Hospital &amp; Medical Care for veterans:</b>			
Emergency Department of Veterans Affairs Employee Leave Fund	-	80,000	-
Medical Community Care	17,335,000	19,393,002	23,996,704
Medical Support and Compliance	7,923,532	8,168,978	8,372,504
Medical Services	67,619,153	58,780,964	62,383,536
Medical and Prosthetic Research	750,000	795,000	882,000
Medical Facilities	6,708,635	6,542,968	6,641,850
DOD-VA Health Care Sharing Incentive Fund	14,000	30,000	30,000
Joint DOD-VA Medical Facility Demonstration Fund	455,090	473,536	532,911
Veterans Medical Care and Health Fund	-	14,482,000	-
Grants for Construction of State Extended Care Facilities	240,000	590,000	-
Canteen Service Revolving Fund	-	140,000	-
Medical Care Collections Fund	-	300,000	-
Medical Care Collections Fund	(3,309,179)	(2,965,445)	(4,085,559)
General Post Fund, National Homes	19,481	20,200	21,000
<b>Subtotal, hospitals &amp; medical care for veterans</b>	<b>97,755,712</b>	<b>106,831,203</b>	<b>98,774,946</b>
<b>704: Veterans housing:</b>			
Veterans Housing Benefit Program Fund	275,657	871,434	229,500
Native American Veteran Housing Loan Program Account	2,760	2,867	1,618
Housing Downward Reestimates	(2,567,463)	(2,022,089)	-
Native American Veteran Housing Loans, Negative Subsidies	(342)	(2,241)	(1,809)
Native American Direct Loans, Downward Reestimate of Subsidies	(523)	(795)	-
Housing Negative Subsidies	(1,087,125)	(1,968,836)	(232,909)
Housing Liquidating Account	(7,024)	(6,121)	(4,767)
<b>Subtotal, veterans housing</b>	<b>(3,384,060)</b>	<b>(3,125,782)</b>	<b>(8,367)</b>

Function and Program	2020 Actual	2021 Enacted	2022 Request
<b>705: Other veterans benefits and services:</b>			
Construction, Major Projects	1,235,200	1,316,000	16,611,000
Construction, Minor Projects	400,000	354,300	3,553,000
National Cemetery Administration	329,000	364,000	394,000
General Administration	362,000	354,000	401,400
General Operating Expenses, Veterans Benefits Administration	3,138,000	4,150,000	3,423,000
Information Technology Systems	6,513,835	5,011,415	4,834,807
Office of Inspector General	222,500	238,000	239,000
Grants for Construction of Veterans Cemeteries	45,000	45,000	45,000
Board of Veterans Appeals	174,000	207,000	228,000
Electronic Health Care Record Modernization	1,430,000	2,607,000	2,663,000
Asset Infrastructure Review Commission	-	-	5,000
General Fund Proprietary Interest Receipts, not Otherwise Classified	(3,000)	(5,000)	(6,000)
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts	29,000	(52,000)	(53,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts	13,000	(6,000)	(7,000)
General Post Fund, National Homes, Deposits	(17,000)	(52,000)	(53,000)
<b>Subtotal, other veterans benefits and services</b>	<b>13,871,535</b>	<b>14,531,715</b>	<b>32,278,207</b>
<b>Total Department of Veterans Affairs</b>	<b>233,249,892</b>	<b>255,589,813</b>	<b>283,915,872</b>



## *Functional Distribution of Outlays (Net)*

### Functional distribution of Outlays (Net)

The following table provides the functional distribution of outlays, dollars in thousands, aligned with the President's Budget Appendix dollars in millions. Outlays are from all funding sources.

Function and Program	2020 Actual	2021 Enacted	2022 Request
<b>701: Income security for veterans:</b>			
Compensation and Pensions	110,123,650	122,459,758	148,344,000
Veterans Insurance and Indemnities	125,540	135,835	141,950
Servicemembers Group Life Insurance Fund	(961,192)	(1,262,000)	(630,000)
Veterans Reopened Insurance Fund	18,147	14,831	11,953
Service-disabled Veterans Insurance Fund	(26,602)	(6,351)	-
National Service Life Insurance Fund	625,194	551,300	467,000
NSLI Fund, Payments from General and Special Funds	-	-	14,000
United States Government Life Insurance Fund	-	-	-
Veterans Special Life Insurance Fund	136,373	154,884	144,670
<b>Subtotal, income security for veterans</b>	<b>110,041,109</b>	<b>122,048,257</b>	<b>148,493,573</b>
<b>702: Veterans education, training and rehabilitation:</b>			
Readjustment Benefits	12,924,000	13,202,000	14,100,000
Contributions from Military Personnel, Veterans Educational Act	(131,000)	(140,000)	(128,000)
NSLI Fund, Premium and Other Receipts	(27,000)	(31,000)	(23,000)
<b>Subtotal, veterans education, training and rehabilitation</b>	<b>12,766,000</b>	<b>13,031,000</b>	<b>13,949,000</b>
<b>703: Hospital &amp; Medical Care for veterans:</b>			
Emergency Department of Veterans Affairs Employee Leave Fund	-	80,000	-
Medical Community Care	18,083,984	14,978,336	21,269,631
Medical Support and Compliance	7,556,775	8,119,125	8,343,822
Medical Services	55,330,000	58,457,651	64,870,000
Medical and Prosthetic Research	778,000	762,000	857,000
Medical Facilities	6,444,131	6,551,000	7,435,000
DOD-VA Health Care Sharing Incentive Fund	15,000	12,000	18,000
Joint DOD-VA Medical Facility Demonstration Fund	469,826	463,000	530,902
Veterans Choice Fund	2,098,529	232,000	200,000
Veterans Medical Care and Health Fund	-	6,000	13,183,000
Grants for Construction of State Extended Care Facilities	214,000	405,154	229,850
Canteen Service Revolving Fund	16,216	110,000	23,000
Medical Care Collections Fund	-	297,000	3,000
Medical Care Collections Fund	(3,309,179)	(2,965,446)	(4,085,559)
General Post Fund, National Homes	16,000	18,000	19,000
<b>Subtotal, hospitals &amp; medical care for veterans</b>	<b>87,713,282</b>	<b>87,525,821</b>	<b>112,896,646</b>

Function and Program	2020 Actual	2021 Enacted	2022 Request
<b>704: Veterans housing:</b>			
Veterans Housing Benefit Program Fund	243,000	914,000	230,000
Native American Veteran Housing Loan Program Account	3,000	3,000	1,000
Housing Downward Reestimates	(2,567,000)	(2,022,000)	-
Native American Veteran Housing Loans, Negative Subsidies	-	(2,000)	(2,000)
Native American Direct Loans, Downward Reestimate of Subsidies	(1,000)	(1,000)	-
Housing Negative Subsidies	(1,090,000)	(1,972,000)	(246,000)
Housing Liquidating Account	(8,028)	(5,310)	(4,767)
<b>Subtotal, veterans housing</b>	<b>(3,420,028)</b>	<b>(3,085,310)</b>	<b>(21,767)</b>
<b>705: Other veterans benefits and services:</b>			
Construction, Major Projects	1,330,000	1,190,341	1,872,247
Construction, Minor Projects	595,063	455,498	394,000
National Cemetery Administration	321,000	365,000	338,000
General Administration	303,800	470,800	382,800
General Operating Expenses, Veterans Benefits Administration	2,432,000	4,349,000	3,741,000
Information Technology Systems	4,963,000	5,721,000	5,021,000
Office of Inspector General	213,000	193,000	228,000
Grants for Construction of Veterans Cemeteries	44,000	93,000	45,000
Board of Veterans Appeals	186,000	176,000	217,000
Electronic Health Care Record Modernization	991,000	2,821,000	2,634,000
Recurring Expenses Transformation Fund	-	-	-
Asset Infrastructure Review Commission	-	-	4,000
General Fund Proprietary Interest Receipts, not Otherwise Classified	(3,000)	(5,000)	(6,000)
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts	29,000	(52,000)	(53,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts	13,000	(6,000)	(7,000)
Supply Fund	(2,000)	753,000	(21,000)
Franchise Fund	(102,000)	(55,000)	(25,000)
General Post Fund, National Homes, Deposits	(17,000)	(52,000)	(53,000)
<b>Subtotal, other veterans benefits and services</b>	<b>11,296,863</b>	<b>16,417,639</b>	<b>14,712,047</b>
<b>Total Department of Veterans Affairs</b>	<b>218,397,227</b>	<b>235,937,407</b>	<b>290,029,499</b>



## Obligations

### Obligations by Account

The following table provides obligations by account in thousands of dollars, aligned with the President's Budget Appendix which provides obligations in millions of dollars. Obligations are from all funding sources.

(\$s in thousands)	2020 Actual	2021 Enacted	2022 Request
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140) 1/	22,765,764	23,145,185	24,068,804
Medical Support and Compliance (036-0152)	7,720,739	8,464,122	8,521,568
Medical Services (036-0160)	57,457,013	64,341,919	65,701,058
Medical and Prosthetic Research (036-0161)	847,000	952,000	971,000
Medical Facilities (036-0162)	6,817,398	7,706,970	6,927,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	14,000	13,000	13,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	469,515	493,519	545,911
Veterans Choice Fund (036-0172) 2/	2,110,538	119,000	30,000
General Post Fund, National Homes (036-8180)	17,000	24,000	25,000
Canteen Service Revolving Fund (036-4014)	310,000	331,000	357,000
Emergency Department of Veterans Affairs Employee Leave Fund (036-0131)	-	80,000	-
Veterans Medical Care and Health Fund (036-0173)	-	9,000	14,473,000
Medical Care Collections Fund (036-5287)	-	300,000	-
<b>Subtotal, Veterans Health Administration</b>	<b>98,528,967</b>	<b>105,979,715</b>	<b>121,633,341</b>
<b>Benefits Programs</b>			
General Operating Expenses, Veterans Benefits Administration (036-0151)	5,118,000	6,708,000	6,944,574
Veterans Housing Benefit Program Fund (036-1119)	75,279	667,034	-
Native American Veteran Housing Loan Program Account (036-1120)	1,149	1,202	-
Veterans Insurance and Indemnities (036-0120)	133,548	135,443	147,970
National Service Life Insurance Fund (036-8132)	559,896	484,141	390,000
Compensation and Pensions (036-0102)	111,895,109	123,593,106	138,985,080
Readjustment Benefits (036-0137)	13,291,536	13,557,841	13,582,000
Servicemembers Group Life Insurance Fund (036-4009)	600,276	213,000	663,210
Veterans Reopened Insurance Fund (036-4010)	18,434	15,883	12,473
Service-disabled Veterans Insurance Fund (036-4012)	172,232	197,836	204,347
Housing Liquidating Account (036-4025)	1,147	999	873
Vocational Rehabilitation Direct Loan Financing Account (036-4112)	819	2,470	1,663
Housing Direct Loan Financing Account (036-4127)	97,656	126,000	78,846
Housing Guaranteed Loan Financing Account (036-4129)	5,203,000	6,456,000	2,980,000
Native American Direct Loan Financing Account (036-4130)	10,791	18,238	17,677
Transitional Housing Direct Loan Financing Account (036-4258)	441	1,000	192
Veterans Special Life Insurance Fund (036-8455)	185,343	181,360	169,000
<b>Subtotal, Benefits Programs</b>	<b>137,364,656</b>	<b>152,359,551</b>	<b>164,177,904</b>

(\$s in thousands)	2020 Actual	2021 Enacted	2022 Request
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	1,535,000	1,494,868	1,758,898
Construction, Minor Projects (036-0111)	679,000	709,000	562,000
National Cemetery Administration (036-0129)	333,519	371,000	394,000
General Administration (036-0142)	710,000	792,000	834,000
Information Technology Systems (036-0167)	5,540,068	6,200,102	5,022,919
Office of Inspector General (036-0170)	217,669	232,848	259,152
Grants for Construction of State Extended Care Facilities (036-0181)	160,999	90,000	-
Grants for Construction of Veterans Cemeteries (036-0183)	46,665	48,280	49,000
Board of Veterans Appeals (036-1122)	186,525	203,513	233,392
Franchise Fund (036-4539)	1,163,000	1,261,000	1,415,000
Supply Fund (036-4537)	1,130,000	2,100,000	2,100,000
Electronic Health Care Record Modernization (036-1123)	1,510,030	2,631,430	2,663,000
Asset Infrastructure Review Commission (036-1130)	-	-	5,000
Recurring Expenses Transformation Fund (036-1124)	-	-	820,000
<b>Subtotal, Departmental Administration</b>	<b>13,212,475</b>	<b>16,134,042</b>	<b>16,116,361</b>
<b>Total Obligations</b>	<b>249,106,098</b>	<b>274,473,308</b>	<b>301,927,606</b>

1/ Prior to FY 2019, VA recorded obligations for Community Care at the time the care was authorized by a VA health care provider. In FY 2019, VA started recording obligations for Community Care at the time VA issued payment to health care providers and to third-party administrators. In September 2020, to comply with a VA General Counsel (OGC) opinion following significant changes to VA's Community Care program, VA reverted to its old practice of recording obligations at the time of authorization and recorded obligations of \$5.008 billion for FY 2020 in the Medical Community Care account. VA lacked sufficient funds within the account to cover the full obligations recorded in FY 2020 consistent with VA OGC's opinion. Section 1601 of division FF of the Consolidated Appropriations Act, 2021 (Public Law 116-260) authorized the practice of recording obligations at the time of approval of payment to health care providers and contractors, and also made it retroactive to October 1, 2018, thereby voiding an Antideficiency Act (ADA) violation that would have occurred in FY 2020 absent its enactment. To implement the law, VA made an accounting adjustment in FY 2021, the year Public Law 116-260 was enacted.

2/ Prior to FY 2019, VA recorded obligations for Community Care at the time the care was authorized by a VA health care provider. In FY 2019, VA started recording obligations for Community Care at the time VA issued payment to health care providers and to third-party administrators. In September 2020, to comply with a VA General Counsel (OGC) opinion following significant changes to VA's Community Care program, VA reverted to its old practice of recording obligations at the time of authorization and adjusted obligations upwards by \$397 million in the Veterans Choice Fund account. VA lacked sufficient funds within the account to cover the full obligations recorded consistent with VA OGC's opinion. Section 1601 of division FF of the Consolidated Appropriations Act, 2021 (Public Law 116-260) authorized the practice of recording obligations at the time of approval of payment to health care providers and contractors, and also made it retroactive to October 1, 2018, thereby voiding an Antideficiency Act (ADA) violation that would have occurred in FY 2019 absent its enactment. To implement the law, VA made an accounting adjustment in FY 2021, the year Public Law 116-260 was enacted.



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## ***Budget Tables - Actuals: 2011 - 2020***

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**Budget Authority**  
**2011 - 2020 Actuals**  
(*\$s in thousands*)

Appropriation/Fund Account	2011 (Net)	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)
<b>Federal funds:</b>										
<b>Benefit programs</b>										
Compensation and pensions	\$53,039,657	\$51,237,567	\$61,424,693	\$71,476,104	\$79,071,000	\$76,865,545	\$86,083,127	\$90,119,449	\$98,762,875	\$110,457,083
Readjustment benefits	11,334,634	12,108,487	11,198,620	13,135,898	14,997,136	14,313,357	16,340,828	13,708,648	11,832,175	14,065,282
Veterans insurance and indemnities	77,589	100,252	104,600	77,567	63,257	77,160	108,525	120,338	109,090	128,960
Veterans housing benefit program fund account	1,553,906	1,727,314	1,542,523	2,203,039	1,023,919	1,128,164	1,170,849	1,220,893	251,001	75,279
Veterans housing benefit program fund liquidating account, permanent	-7,329	-7,383	-16,000	-14,412	-12,837	-10,261	-12,247	-9,262	-8,681	-7,024
Native American veteran housing loan program account	663	1,116	1,088	2,437	2,222	1,807	2,654	2,784	3,233	1,186
Vocational rehabilitation loans program account	354	358	362	437	481	477	554	432	434	460
<b>Total benefits programs</b>	<b>65,999,474</b>	<b>65,167,711</b>	<b>74,255,886</b>	<b>86,881,070</b>	<b>95,145,178</b>	<b>92,376,249</b>	<b>103,694,290</b>	<b>105,163,282</b>	<b>110,950,127</b>	<b>124,721,226</b>
<b>Medical programs:</b>										
Medical care										
Medical services	39,718,911	42,331,830	44,032,452	46,354,583	48,464,754	53,197,413	47,513,958	49,054,536	52,951,241	67,619,153
Medical Community Care	0	0	0	0	0	0	8,540,161	10,074,280	9,680,839	17,335,000
Medical support and compliance	5,252,367	5,405,482	5,698,104	5,898,430	5,788,131	6,033,276	6,407,029	6,728,915	7,097,778	7,923,532
Medical facilities	5,703,116	5,388,838	5,409,938	4,924,002	4,620,775	4,672,787	5,278,002	7,247,620	6,893,971	6,708,635
<b>Total Medical care programs</b>	<b>50,674,394</b>	<b>53,126,150</b>	<b>55,140,494</b>	<b>57,177,015</b>	<b>58,873,660</b>	<b>63,903,476</b>	<b>67,739,150</b>	<b>73,105,351</b>	<b>76,623,829</b>	<b>99,586,320</b>
Medical and prosthetic research	579,838	581,000	581,905	585,664	588,513	610,535	673,366	722,262	779,000	750,000
DoD/VA health care sharing Incentive fund	130,000	130,000	30,000	30,000	15,000	0	-10,000	30,000	30,000	14,000
Joint DoD/VA Medical Facility Demonstration Fund	104,004	375,758	378,156	383,749	398,706	392,430	415,828	429,923	432,152	455,090
<b>Total medical programs</b>	<b>51,488,236</b>	<b>54,212,908</b>	<b>56,130,555</b>	<b>58,176,428</b>	<b>59,875,879</b>	<b>64,906,441</b>	<b>68,818,344</b>	<b>74,287,536</b>	<b>77,864,981</b>	<b>100,805,410</b>
<b>Veterans Choice Act</b>				15,000,000			2,100,000	7,300,000	0	0

**Budget Authority**  
**2011 - 2020 Actuals**  
(dollar in thousands)

Appropriation/Fund Account	2011 (Net)	2012 (Net)	2013 (Net)	2014 (Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)
Construction, major projects	1,073,734	589,604	738,767	342,130	692,000	1,221,000	305,490	512,430	2,177,486	1,235,200
Construction, minor projects	466,765	482,386	606,728	714,870	492,200	321,491	372,069	767,570	799,514	400,000
Grants for the construction of State extended care facilities	84,830	85,000	84,888	85,000	90,000	140,000	90,000	685,000	150,000	240,000
Grants for the construction of State veterans cemeteries	45,908	46,000	45,939	45,000	46,000	46,000	45,000	45,000	45,000	45,000
<b>Total construction programs</b>	<b>1,671,237</b>	<b>1,202,990</b>	<b>1,476,322</b>	<b>1,187,000</b>	<b>1,320,200</b>	<b>1,728,491</b>	<b>812,559</b>	<b>2,010,000</b>	<b>3,172,000</b>	<b>1,920,200</b>
Information Technology	2,991,624	3,104,771	3,514,979	3,696,555	3,895,070	4,050,474	4,262,958	4,047,982	4,198,772	6,513,835
Electronic Health Record Modernization	0	0	0	0	0	0	0	782,000	1,107,000	1,430,000
National cemetery administration	249,500	250,934	260,043	249,000	256,630	271,220	286,193	306,193	315,836	329,000
<b>General operating expenses and misc.:</b>										
General operating expenses										
VBA General Operating Expenses	2,132,502	2,018,764	2,161,403	2,465,490	2,531,900	2,703,680	2,854,160	2,435,331	2,956,316	3,138,000
General Administration	396,705	416,737	424,176	413,885	320,015	333,050	345,391	335,891	355,896	362,000
Board of Veterans' Appeals	0	0	0	0	99,180	109,884	145,596	154,048	167,248	174,000
Filipino veterans equity compensation fund	0	0	0	0	0	0	0	0	0	0
Franchise Fund	0	0	0	0	-36,030	0	0	0	0	0
Office of Inspector General	108,782	112,391	114,848	121,411	126,686	136,766	159,606	164,000	192,000	222,500
<b>Total GOE and miscellaneous</b>	<b>2,637,989</b>	<b>2,547,892</b>	<b>2,700,427</b>	<b>3,000,786</b>	<b>3,041,751</b>	<b>3,283,380</b>	<b>3,504,753</b>	<b>3,089,270</b>	<b>3,671,460</b>	<b>3,896,500</b>
<b>Total appropriations (adjusted)</b>	<b>121,796,936</b>	<b>123,131,501</b>	<b>134,563,190</b>	<b>164,245,284</b>	<b>159,383,008</b>	<b>162,294,561</b>	<b>178,929,946</b>	<b>191,850,088</b>	<b>195,658,568</b>	<b>231,343,336</b>
DEDUCT: Proprietary receipts from the public	-2,770,663	-2,814,245	-2,887,062	-3,087,989	-3,445,136	-3,503,146	-3,561,641	-3,515,635	-3,915,000	-3,309,179
<b>Total federal funds</b>	<b>119,026,273</b>	<b>120,317,256</b>	<b>131,676,128</b>	<b>161,157,295</b>	<b>155,937,872</b>	<b>158,791,415</b>	<b>175,368,305</b>	<b>188,334,453</b>	<b>191,743,568</b>	<b>228,034,157</b>
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	8	6	0	0	0	0	0	0	0	0
General post fund	28,024	25,962	31,097	28,539	23,447	23,144	21,581	24,848	26,972	19,481
Pershing Hall revolving fund	0	0	0	0	0	0	0	0	0	0
National service life insurance	1,042,461	979,393	1,043,205	898,244	907,298	821,203	759,278	711,065	591,312	525,644
U.S. Government life insurance	3,690	3,221	2,061	2,139	1,389	1,069	690	576	488	0
Service-disabled veterans insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans reopened insurance fund	0	0	0	0	0	0	0	0	0	0
Veterans special life insurance fund	0	0	0	0	0	0	0	0	0	0
Servicemembers' group life insurance fund	0	0	0	0	0	0	0	0	0	0
National cemetery gift fund	0	0	0	0	0	0	0	0	0	685
<b>Total trust funds (gross)</b>	<b>1,074,183</b>	<b>1,008,582</b>	<b>1,076,363</b>	<b>928,922</b>	<b>932,134</b>	<b>845,416</b>	<b>781,549</b>	<b>736,489</b>	<b>618,772</b>	<b>545,810</b>
DEDUCT: Proprietary receipts from the public	-531,188	-530,144	-402,618	-238,934	-492,005	-535,632	-1,965,268	-2,475,758	-4,006,746	-3,803,716
<b>Total trust funds (net)</b>	<b>542,995</b>	<b>478,438</b>	<b>673,745</b>	<b>689,988</b>	<b>440,129</b>	<b>309,784</b>	<b>-1,183,719</b>	<b>-1,739,269</b>	<b>-3,387,974</b>	<b>-3,803,716</b>
DEDUCT: Intragovernmental transactions	-1,015	-793	-195	-162	-133	0	-9,000	84,187		
<b>Total Department of Veterans Affairs</b>	<b>\$122,809,377</b>	<b>\$124,150,606</b>	<b>\$136,124,700</b>	<b>\$165,792,676</b>	<b>\$160,529,568</b>	<b>\$163,422,893</b>	<b>\$178,724,737</b>	<b>\$191,815,546</b>	<b>\$193,977,202</b>	<b>\$232,503,276</b>

**Budget Outlays**  
**2011 - 2020 Actuals**  
**(\$s in thousands)**

Appropriation/Fund Account	2011 (Net)	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)
<b>Federal Funds:</b>										
<b>Benefit programs:</b>										
Compensation & pensions	57,577,997	54,754,081	64,759,196	69,817,427	75,230,757	85,737,331	85,074,965	84,567,971	100,450,647	110,123,650
Readjustment benefits	10,705,469	10,330,493	12,807,152	13,355,332	13,235,989	14,250,257	13,226,112	12,454,663	13,204,948	12,924,000
Veterans insurance and indemnities	81,667	99,777	104,044	76,684	63,257	77,410	107,505	117,458	110,000	125,540
Veterans housing benefit program fund liquidating account	(8,828)	(8,545)	(17,115)	(15,555)	(13,550)	(11,582)	(12,247)	(9,262)	(10,184)	(8,028)
Veterans housing benefit program fund	1,533,530	1,729,965	1,535,044	2,203,308	1,023,919	1,125,058	1,166,191	1,187,322	392,652	243,000
Native American veteran housing loan program	663	1,116	1,088	2,437	2,222	1,797	2,654	2,784	2,680	2,335
Service-disabled veterans insurance fund	(16,423)	(22,934)	(17,706)	7,904	18,942	19,876	(5,921)	(15,317)	(6,000)	(26,602)
Veterans reopened insurance fund	26,733	28,080	27,462	26,703	28,608	25,882	21,857	21,199	18,000	18,147
Vocational rehabilitation loans program account	354	358	362	437	481	464	540	419	434	499
Service members' group life insurance fund	(17)	(15)	(8)	(6,000)	6,266	-	(12)	(15)	(300,000)	(961,192)
<b>Subtotal, benefits programs</b>	<b>69,901,145</b>	<b>66,912,376</b>	<b>79,199,519</b>	<b>85,468,677</b>	<b>89,596,891</b>	<b>101,226,493</b>	<b>99,581,644</b>	<b>98,327,222</b>	<b>113,863,177</b>	<b>122,441,349</b>
<b>Medical programs:</b>										
Medical services	39,583,974	40,198,800	42,382,283	46,027,803	49,749,412	50,779,216	47,217,927	48,941,592	52,363,000	55,330,000
Medical Community Care	-	-	-	-	-	-	6,274,465	9,307,654	11,896,000	18,083,984
Medical support and compliance	5,344,172	5,288,202	5,431,770	5,726,631	5,818,150	5,868,385	6,210,673	6,549,527	6,937,000	7,556,775
Medical facilities	5,478,874	5,442,108	5,505,289	5,158,341	5,016,838	4,739,835	4,985,463	5,512,129	5,960,058	6,444,131
<b>Subtotal, medical care programs</b>	<b>50,407,020</b>	<b>50,929,110</b>	<b>53,319,342</b>	<b>56,912,775</b>	<b>60,584,400</b>	<b>61,387,436</b>	<b>64,688,528</b>	<b>70,310,902</b>	<b>77,156,058</b>	<b>87,414,890</b>
Medical and prosthetic research	558,875	584,297	536,142	608,343	612,105	583,148	594,062	643,510	684,803	778,000
VA/DoD health care sharing Incentive fund	88,800	61,000	35,006	56,058	76,109	67,112	51,624	23,800	13,000	15,000
Joint DoD/VBA medical Facility Demonstration Fund	64,456	342,312	350,467	365,756	359,350	387,577	406,506	415,413	439,788	469,826
Canteen service revolving fund	7,862	(21,392)	(16,136)	(20,437)	(11,495)	3,446	6,876	8,892	22,000	16,216
<b>Subtotal, medical programs</b>	<b>51,127,013</b>	<b>51,895,327</b>	<b>54,224,821</b>	<b>57,922,495</b>	<b>61,620,469</b>	<b>62,428,719</b>	<b>65,747,596</b>	<b>71,402,517</b>	<b>78,315,649</b>	<b>88,693,932</b>

**Budget Outlays**  
**2011 - 2020 Actuals**  
**(\$s in thousands)**

Appropriation/Fund Account	2011 (Net)	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)
<b>Construction programs:</b>										
Construction, major projects	1,011,708	738,251	698,505	914,491	1,207,209	1,352,729	738,020	1,360,269	1,117,176	1,330,000
Construction, minor projects	578,966	549,607	442,158	387,000	507,115	525,316	474,081	479,850	433,000	595,063
Grants for the construction of State extended care facilities	124,369	201,011	94,762	109,530	94,751	77,430	139,382	102,857	91,000	214,000
Grants for the construction of State veterans cemeteries	49,872	27,697	55,072	40,000	44,000	40,210	40,635	45,886	49,000	44,000
<b>Subtotal, construction programs</b>	<b>1,764,915</b>	<b>1,516,566</b>	<b>1,290,497</b>	<b>1,451,021</b>	<b>1,853,075</b>	<b>1,995,685</b>	<b>1,392,118</b>	<b>1,988,862</b>	<b>1,690,176</b>	<b>2,183,063</b>
Information Technology										
Electronic Health Record Modernization	3,354,500	3,265,767	3,217,999	3,432,096	3,792,122	3,766,689	4,207,065	4,172,777	4,352,000	4,963,000
National cemetery administration	254,521	255,005	258,138	267,874	269,758	275,000	282,000	295,719	322,000	321,000
<b>General operating expenses and misc.:</b>										
General operating expenses										
VBA General Operating Expenses	2,232,616	2,143,680	2,131,134	2,357,710	2,602,792	2,453,335	2,632,357	2,348,889	2,863,479	2,432,000
General Administration	404,860	283,965	322,389	414,052	313,538	281,842	402,924	312,848	300,000	303,800
Board of Veterans' Appeals					89,065	105,746	129,382	142,984	171,000	186,000
Filipino veterans equity compensation fund	10,099	1,659	1,080	558	177	51	84	102	45	-
Franchise fund	(54,809)	13,462	(40,313)	(54,716)	(21,906)	12,711	(41,091)	15,204	(30,000)	(102,000)
Office of Inspector General	109,148	111,563	117,788	114,638	126,493	134,094	148,295	166,882	189,000	213,000
Supply fund	(45,803)	64,631	83,906	131,156	(73,999)	(17,000)	(158,378)	92,423	(97,000)	(2,000)
Veterans Choice Act					1,917,338	4,463,543	6,241,685	4,388,220	4,148,850	2,098,529
Pershing hall revolving fund					-	-	-	-	-	-
<b>Subtotal, GOE and miscellaneous</b>	<b>2,656,111</b>	<b>2,618,960</b>	<b>2,615,984</b>	<b>2,963,398</b>	<b>4,953,498</b>	<b>7,434,322</b>	<b>9,355,258</b>	<b>7,467,552</b>	<b>7,545,374</b>	<b>5,129,329</b>
<b>Subtotal, adjusted outlays</b>	<b>125,449,184</b>	<b>122,943,229</b>	<b>137,330,821</b>	<b>147,805,591</b>	<b>158,023,933</b>	<b>173,085,219</b>	<b>176,076,616</b>	<b>179,186,153</b>	<b>201,414,376</b>	<b>218,447,673</b>
DEDUCT: Proprietary receipts from the public	(2,588,294)	(2,887,965)	(2,711,985)	(3,120,455)	(3,429,026)	(3,654,429)	(3,662,118)	(3,319,306)	(3,969,000)	(3,309,179)
<b>Subtotal, federal funds</b>	<b>122,860,890</b>	<b>120,055,264</b>	<b>134,618,836</b>	<b>144,685,136</b>	<b>154,594,907</b>	<b>169,430,790</b>	<b>172,414,498</b>	<b>175,866,847</b>	<b>197,445,376</b>	<b>215,138,494</b>

**Budget Outlays**  
**2011 - 2020 Actuals**  
**(\$s in thousands)**

Appropriation/Fund Account	2011 (Net)	2012 (Net)	2013 (Net)	2014(Net)	2015 (Net)	2016 (Net)	2017 (Net)	2018 (Net)	2019 (Net)	2020 (Net)
<b>Trust funds:</b>										
Post-Vietnam era veterans education account	1,341	825	598	426	275	214	164	157	106	
General post fund	25,799	24,321	19,752	19,507	21,222	21,963	22,302	19,597	20,000	16,000
National service life insurance	1,130,388	1,070,913	1,025,809	952,271	1,013,495	914,689	852,031	776,175	694,000	625,194
U.S. Government life insurance	5,169	5,012	3,622	2,647	1,995	1,687	1,080	936	1,000	167
Veterans special life insurance	15,322	27,275	39,029	56,801	71,888	85,053	96,963	116,978	128,000	136,373
National cemetery gift fund	-	-	-	-	-	-	-	-	-	-
<b>Total trust funds (gross)</b>	<b>1,178,019</b>	<b>1,128,346</b>	<b>1,088,810</b>	<b>1,031,652</b>	<b>1,108,875</b>	<b>1,023,606</b>	<b>972,540</b>	<b>913,843</b>	<b>843,106</b>	<b>777,734</b>
DEDUCT: Proprietary receipts from the public	(531,188)	(530,144)	(402,855)	(238,969)	(492,005)	(535,632)	(1,965,268)	(2,475,758)	(3,983,149)	(3,794,000)
<b>Total trust funds (net)</b>	<b>646,831</b>	<b>598,202</b>	<b>685,955</b>	<b>792,683</b>	<b>616,870</b>	<b>487,974</b>	<b>(992,728)</b>	<b>(1,561,915)</b>	<b>(3,140,043)</b>	<b>(3,016,266)</b>
DEDUCT: Intragovernmental transactions	(1,015)	(793)	(195)	(162)	(133)	-	(9,000)	(326,716)	(22,000)	-
<b>Total Department of Veterans Affairs</b>	<b>127,115,727</b>	<b>124,173,445</b>	<b>138,780,731</b>	<b>149,177,628</b>	<b>159,273,524</b>	<b>173,960,453</b>	<b>175,901,834</b>	<b>178,586,233</b>	<b>199,469,333</b>	<b>218,397,227</b>

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## Total Average Employment 2012-2020

Appropriation/Fund Account	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Medical Programs</b>									
Medical Services	187,313	195,679	205,003	216,337	224,846	229,600	239,148	247,942	256,897
Medical Support and Compliance	47,021	48,610	50,323	49,479	50,554	50,939	52,443	54,517	55,548
Medical Facilities	23,321	23,641	23,023	23,644	23,924	24,151	24,522	25,135	25,644
<b>Subtotal, Medical Care Programs</b>	<b>257,655</b>	<b>267,930</b>	<b>278,349</b>	<b>289,460</b>	<b>299,324</b>	<b>304,690</b>	<b>316,113</b>	<b>327,594</b>	<b>338,089</b>
Medical and Prosthetic Research	3,496	3,445	3,446	3,521	3,138	3,071	3,085	3,248	3,418
DoD-VA Health Care Sharing Incentive Fund	151	165	44	57	47	33	23	7	11
Joint DoD-VA Medical Facility Demonstration Fund	1,957	2,016	2,082	2,127	2,038	2,096	2,113	2,108	2,178
Veterans Choice				30	58	159	1	-	-
Canteen Service Revolving Fund	3,294	3,307	3,258	3,351	3,410	3,455	3,420	3,285	2,977
<b>Subtotal, Medical Programs</b>	<b>266,554</b>	<b>276,863</b>	<b>287,179</b>	<b>298,546</b>	<b>308,015</b>	<b>313,504</b>	<b>324,755</b>	<b>336,242</b>	<b>346,673</b>
<b>Construction Programs</b>									
Construction, major projects	-	-	-	-	-	-	-	-	-
Construction, minor projects	-	-	-	-	-	-	-	-	-
<b>Subtotal, Construction Programs</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Veterans Benefits Administration	20,325	21,130	20,822	21,522	21,558	22,408	22,961	23,147	24,758
General Administration	2,972	3,117	3,205	2,586	2,559	2,524	2,526	2,524	2,612
Information Technology	7,311	7,362	7,291	7,309	7,387	7,241	7,152	7,469	7,828
Electronic Health Record Modernization	-	-	-	-	-	-	-	24	114
National Cemetery Administration	1,652	1,690	1,712	1,730	1,814	1,851	1,865	1,947	2,026
Office of Inspector General	637	633	641	676	706	745	849	908	1,001
Board of Veterans' Appeals				646	660	840	849	1,077	1,157
Franchise Fund	1,020	1,089	1,153	1,217	1,397	1,314	1,383	1,473	1,821
Supply Fund	896	957	1,013	1,048	1,045	1,145	957	1,002	981
General Post	-	-	-	-	-	8	-	-	-
<b>Total Department of Veterans Affairs</b>	<b>301,366</b>	<b>312,841</b>	<b>323,016</b>	<b>335,280</b>	<b>345,141</b>	<b>351,580</b>	<b>363,297</b>	<b>375,813</b>	<b>388,971</b>

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**Department of Veterans Affairs**  
**Office of the Assistant Secretary for Management**  
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